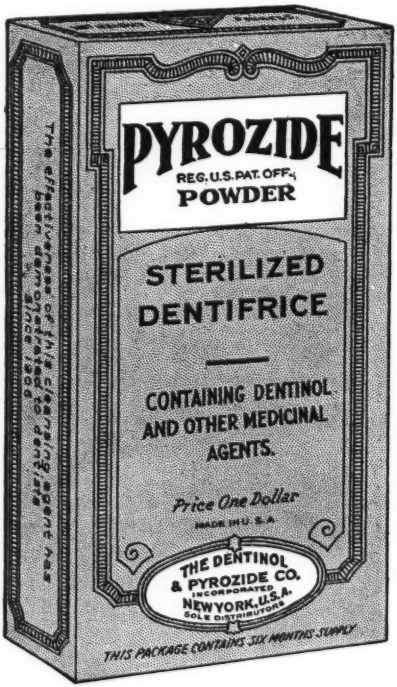

ORAL HYGIENE
OCTOBER
1930
Circulation
this issue:
67,901

Cooperation would not be Worth Talking About if Dental Patients received Office Treatment Every Day in the Year



But, as tooth and gum inspection usually runs on a quarterly or a semi-yearly schedule, the home work by the patient is a vital thing.

Brushing the teeth to keep them clean and brushing the gums to stimulate them and to keep them hard, are functions the value of which, is gauged by the mediums employed by the patient during the intervals of professional treatment.

The cleansing properties—the gum hardening properties—the gum stimulating properties of **Pyrozide Powder** suggests its use as a co-operative agent of high efficiency.

GUM-GRIPPED TEETH GIVE LONG SERVICE

FREE SAMPLES COUPON

The Dentinol & Pyrozide Co., Inc. O.H.
Sole Distributors
1480 Broadway, New York, N. Y.

Please send Pyrozide Powder samples and booklets for my patients.

Name_____ D.D.S.

Street_____

City and State_____

New Binding

This month Oral Hygiene appears for the first time in new binding.

This is the type of binding employed for many years by the Ladies' Home Journal.

We think it makes a better looking book.

79% of enquiries pulled by **Oral Hygiene** and **Spanish Oral Hygiene**

21% from all other magazines

A shade more than 79 per cent of all dental enquiries received during May and June by

THE AMERICAN CABINET CO.

came from Oral Hygiene and Spanish Oral Hygiene.

The detailed information upon which this percentage is based was furnished by Howell G. Evans, sales manager of the American Cabinet Co., through his associate, J. W. Christensen.

All other dental publications, here and abroad, contributed 21 per cent of the total.

Run-of-paper black and white copy ran in both Oral Hygiene Publications. Half-pages appeared in Spanish O.H.

In Oral Hygiene itself the May page was "hidden away" 145 pages from the end of the text section—in June the copy appeared 100 pages removed from text.

The coupons offered the Company's catalog.

The figures compiled by American Cabinet Co. offer an interesting commentary on reader-interest.

ORAL HYGIENE

Fact

More pages of advertising—placed by more firms—appear in an average issue of Oral Hygiene than have ever appeared in any issue of any other dental publication.

One reason why: traceable results like those reported by American Cabinet Company on the two pages preceding this.

Oral Hygiene

PHYSIOLOGICAL SLEEP!

SLEEP is Nature's own way of helping the body to rebuild after disease or nervous ordeals. This SLEEP, however, must be physiological, not a forced or unnatural rest.

Sometimes dental operations exhaust the stamina and courage of the most hardy patient. They often spend tantalizing, enervating nights of suffering—nights of horror that could be avoided if the dentist but knew of PASADYNE (Daniel).

PASADYNE (Daniel) has been prescribed by the medical profession for over 50 years and is a safe sedative, anti-spasmodic and hypnotic which does not impell SLEEP but induces it in a physiological way, with no after-effects or habit-forming results.

When the patient leaves your office after an extraction, prescribe a tablespoonful of PASADYNE (Daniel) every three or four hours, as indicated. The patient will tell you the next day that SLEEP came naturally and that an improvement is already noted.

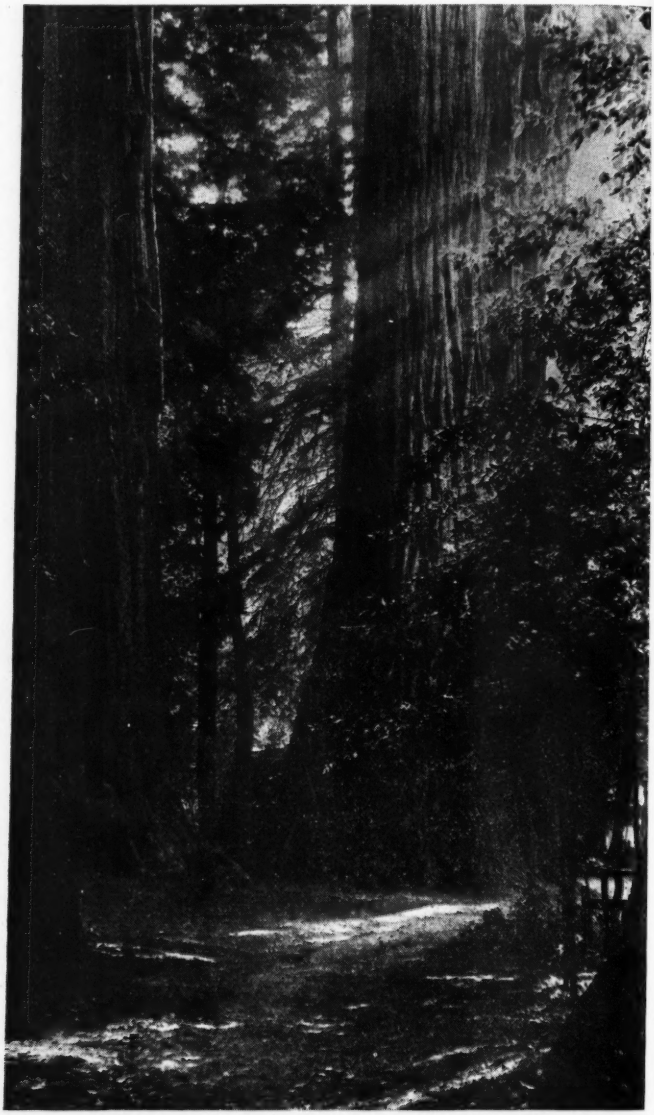
Mail Coupon Today

JOHN B. DANIEL, INC.
Atlanta Georgia

Please send me FREE literature on PASADYNE (DANIEL).

Dr._____

Address_____



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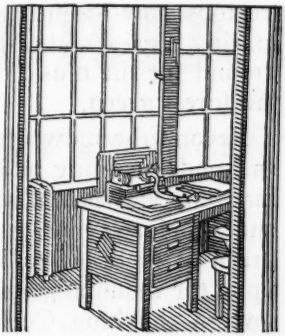


THE

Publisher's

CORNER

By Mass

AT BERT EDWARDS'

THIS little red Corona is perched on a desk near the CORNER window. Outside the window, across the alley, a dingy red brick wall fills the view, an old warehouse wall, relieved only by three painfully rectangular fire-doors, smudgy gray ones.

Downstairs the presses roar their hunger for more copy and more and more.

But the blessing of a childlike imagination dims the brickwork and the gray iron—the fire-doors vanish and great redwoods take their places, and, where the wall was, a mountain rises, gently now—then up, and up, rising swiftly—high above the plateau upon which the redwoods stand.

The roar continues faintly—wind in the

treetops now—faint and far and pleasant roaring, a great and restful overtone, a background for the music of a brook hidden in the forest green.

Beyond the redwoods, in the friendliness and understanding of long companionship, madrone and pine and tan oak lock arms and stand swaying together—the rippling green of their leaves a vast curtain spread upon the mountain, stretching up and away toward the blue California sky until the contour of the trees is lost where distance weaves the whole into a verdant tapestry.

This is a place of peace where nothing hurries, where tranquil hours have lengthened into days for centuries—where the kindly sun has for a thousand years beckoned the sequoias skyward each morning, just a little, just a little.

A trail invites leisurely adventure: what mystery lies hidden in the forest on the mountainside? A careless spring a little way within the cool dark glade has filmed the path and moss has grown there: its brilliant green has crept to the feet of giant ferns of darker hue, their dainty leaves precise and faithful to the pattern God set for them in the far beginning. They haven't forgotten, and in this serene land have been content to be themselves, over and over again, for all eternity.

Round about and overhead, in the silence, the harmony of forest green is melody—the

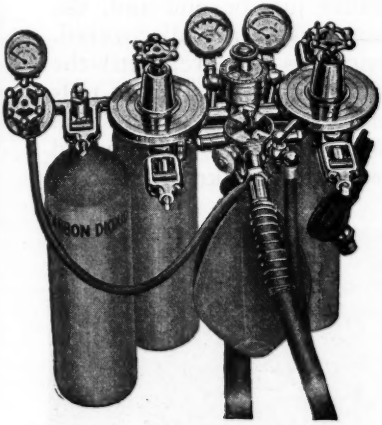
HEIDBRINK

HIGHEST QUALITY ENGINEERING

HEIDBRINK DENTAL UNITS

Designed, manufactured, and sold with the one idea of giving you an adequate apparatus that is absolutely reliable and safe—one which you can operate with pleasure and profit.

Send today for your copy of our new Catalog 7.



Carbon Dioxid Attachment Shown

MAVES NO. 3 INLAY WAX

GREEN OR BLUE

A superior inlay wax for all methods, especially adaptable for wax pattern expansion techniques. Sticks and cones

$1.00

The HEIDBRINK COMPANY
Minneapolis Minnesota U.S.A.

music of restful color that falls softly, gratefully, upon the souls of all who come within its spell, a cadence of contentment whispering that nothing matters, nothing matters.

Here, walled away from the world of straining, tired men, life is as life was meant to be. Thought tunes to its welcome, stately rhythm.

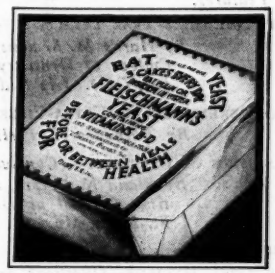
An ancient log spans the brook that wanders casually among the mossy boulders, murmuring good-naturedly because it must trouble itself to go round them with its trifling freight of leaves cupped into tiny boats.

The log is a genial tempter giving promise of hidden beauty just beyond and, the promise kept, new vistas are discovered, new loveliness enchants the eye, until the deepening twilight of the forest aisles tells of the waning day, and there is reluctant return to the world we live in—but a world a little better for memories like this.

Fewer Dead Teeth

when patients maintain Tooth Health by eating calcifying Vitamin D!

Fleischmann's Yeast now "irradiated" to make it the *richest food source* of this vital element!



"KEEP teeth alive!" This battle cry of modern dentistry has been fostered by recent researches which reveal teeth not as inert structures, but as live body tissues . . . tissues which respond to certain dietary influences *throughout life.*

Chief of these influences is, of course, the presence or absence of a sufficient supply of the calcifying vitamin D.

This vital factor is now found *in its richest food form* in Fleischmann's Yeast—a food already widely known for its other benefits to health. Every cake now abounds in vitamin D—produced by carefully controlled exposure to ultra-violet rays.

When the body is deficient in vitamin D, absorption of calcium and phosphorus and their proper deposition in dentine and enamel are retarded. Nature's last line of defense, the important secondary dentine, fails to develop as it should. Danger of tooth devitalization through pulp exposure is materially increased.

To stimulate the laying down of secondary dentine . . . to strengthen resistance to caries and prolong tooth vitality, many dentists today are recommending Fleischmann's Yeast as a convenient and reliable food source of vitamin D. It may help you to secure more lasting and satisfying results in *your* work.

Write for this important folder!

Health Research Dept. Y-AF-6
Standard Brands Incorporated
595 Madison Ave., N. Y. C.

Please send me new leaflet on relation of Vitamin D to caries *at all ages.*

Name_____

Address_____

© 1930, Standard Brands Incorporated

FLEISCHMANN'S YEAST *for better teeth*

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D., *Editor*

October, 1930

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ORAL HYGIENE

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A Journal for Dentists

TWENTIETH YEAR OCTOBER, 1930 VOL. 20, NO. 10

"Well, Doctor, I've got to hand it to you. You can do more for a girl's looks than old man Coty himself."

Why not the 6 YEAR TERM?

By Harry M. Semans, M. A., D. D. S., F. A. C. D., Dean, College of Dentistry, Ohio State University

AS TOLD TO JAMES M. CHALFANT

FIRST enshrouded in superstitious ignorance, characterized frequently by both neglect and crudity, dentistry has progressed with the slow, halting advance of civilization itself until today it is firmly established on a sound basis of scientific knowledge and workmanship.

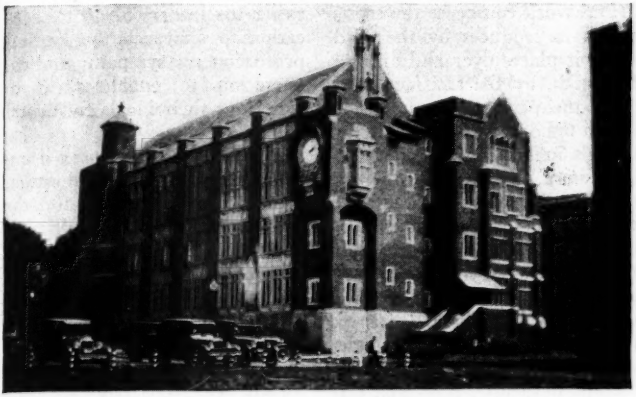
Dentistry enjoys her present status among the professions in the field of public health largely because all along the line certain leaders have insisted upon higher and higher educational ideals for the profession. The Ohio State University College of Dentistry is among the ten or a dozen dental schools having a six-year course consisting of two years of arts—science and a four-year professional curriculum.

There has been some little dissension, I know, over the advisability of putting dental education standards thus high. Personally, I favor the six-year course because I believe the longer term of training necessary to the dentist who would take his place as the co-worker of the physician, the anatomist, the physiologist and the bacteriologist in safeguarding human health and well-being.

The separate organization of medicine and dentistry does not indicate any lack of harmony today.. The professions are indeed growing more and more closely together every year as their members continue to labor together in a growing mutual respect and understanding. But, we all know, this was not always so.

As a matter of fact, as recently as November, 1924, at

A Short History of Dentistry to Show that an Advancing Profession Must Raise its Educational Standards.



College of Dentistry
Ohio State University, Columbus, Ohio

the annual meeting of the American Universities Association in Minneapolis, there was an intensive three-day discussion over the matter of whether dentistry ought to maintain its separate identity or, in the best interests of public health, be taken over bag and baggage by the medical colleges. It was finally decided that dentistry could and should retain its own organization, as a separate, distinct profession, and that dental education could be carried on as a separate entity, likewise.

The old-time marked hostility of the medical profession toward dentistry as it was then is shown nowhere more clearly perhaps than in the caustic indictment of American septic dentistry delivered by Sir William Hunter, twenty-one years ago, in 1909:

"The worst cases of anemia, gastritis, colitis, of obscure fevers of unknown origin, of nervous disturbances of all kinds, ranging from mental depression up to actual lesions of the cord, of chronic rheumatic affections, of kidney disease, are those which owe their origin to, or are gravely complicated by, the oral sepsis produced in private patients by these gold traps of sepsis. Time and again I have traced the very first onset of the whole trouble of which

they complained to a period within a month or two of their insertion. There is no rank of society free from the fatal effects on health of this surgical malpractice. This type of poor dental work conserves the sepsis which it produces by the gold work it places over and around the teeth, by the satisfaction it gives the patient, by the pride which the dentist responsible for it feels in his 'high-class American work,' and by his inability or unwillingness to recognize the septic effect which it produces. The medical ill-effects of this septic surgery are to be seen every day in those who are the victims of this gilded dentistry, in their dirty-gray, sallow, pale, wax-like complexions and in the chronic dyspepsia, intestinal disorders, ill-health, anemias and nervous complaints from which they suffer. In no class of patients and in no country are these, in my observation, more common than among Americans and in America, the original home of this class of work."

Severe, not altogether unwarranted, Sir William's bitter arraignment of dentistry a score of years ago drew needed attention to the importance of improving dentistry. It made it easier for leaders of dental education to approach the medical profession for sympathy and co-operation to enable them to carry out their ideals for dental education.

I believe that the marked improvements in dental education are chiefly responsible for the fact that this early hostility of the medical fraternity is now all but forgotten in the splendid spirit of co-operation now existing between medicine and dentistry.

The six-year dental course, which we have had at Ohio State only since 1928, is in recognition of a need stated as far back as 1728 by a Frenchman, Pierre Fauchard, often referred to as the founder of modern dentistry. In his epochal volume, *Le Chirugien Dentiste,* Fauchard speaks of what could

Carving Technique

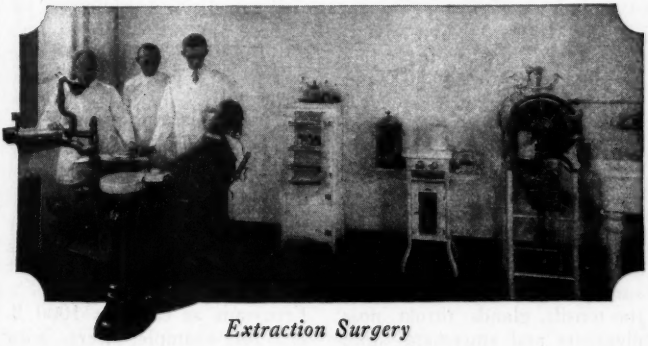
be done for the teeth by the trained dentist: "They can be cleaned, cauterized, separated, fastened, removed, replaced, transplanted, and artificial ones constructed."

"All these operations," says Fauchard, "demand a skillful, steady, and trained hand and a complete theory." This observation surely is as significant today as it was when Fauchard's book was published, particularly that part about the "complete theory." The point of this whole matter, it seems to me, is just this: what are we trying to produce in our whole system of dental education? What do we want, dental mechanics or something more?

If you want a bridge constructed, do you give the job to a mechanic, however deft and skillful, or do you commission an engineer to undertake the project? If you are going to treat life, do you want an artisan or a scientist?

Paul Revere, as a skilled silversmith, advertised in the *Boston Gazette* that he would, for proper fees, take care of broken-down conditions of the mouth by means of metallic dentures. The modern dentist must be able to go far beyond Paul Revere's limited scope. He, like Revere, must be a skilled mechanic or technician, but he must also have a background of medical science. He must be a health scientist, in the best sense of that term.

Twenty years after that first speech in which he called American dentistry to task for ignorance and neglect, Sir William Hunter delivered another address on dentistry in sharp contrast to the former. On October 2, 1929, at the Royal Dental College, London, Sir William gave an address on "The Interests of Dental Science and Studies: their importance in the Relation to Health." Just how completely the improvements in dental science have changed him from his former open hostility to friendliness is clearly shown in these



Extraction Surgery

extracts from the lengthy speech:

"The problem of infection as it is presented in the teeth constitutes, in my judgment, the greatest drama of infection in the body—a drama daily before us, with streptococcus infection

Senior Students in Clinic

as the villain of the piece, with the teeth and bone sockets and the gums as the seat of its many pathological effects, and with a wide-spread range of medical and surgical affections in the body as the field in which are displayed the manifold activities of its poisonous effects . . . . . .

"The matter is not simply one of teeth and dentistry, but one of a great infection—septic infection — playing havoc in many cases with the health of the individual and responsible for many of his medical complaints and diseases. This dental, this oral sepsis is often the source of many other seats of septic infection with which the surgeon has to deal, e. g., in the tonsils, glands, throat, nose, pleurisies and emyemata, stomach, intestine and appendix, gall bladder, and many other situations, conditions termed by the general name of 'focal sepsis.'

"This is the great drama with which the medical, surgical, and dental professions are equally concerned, but one with which only the dental profession can deal adequately. It is the one which presents the most important problem to the dental surgeon. . . . . .

"As regards the principles underlying your work, they are, I conceive, the same principles that have revolutionized the whole art and science and practice of surgery, viz., those of antisepsis, first, foremost, and all the time. How these are to be applied to all the difficult problems in your work remains the special task of the dental surgeon."

The dentist has only to consider the history of dentistry to be convinced of the profession's debt to formal dental education. Consider the beginnings, back in dim antiquity. Dentistry doubtless had its beginnings in early medicine. Followers of Tubal-Cain, skilled in primitive metallurgy, were probably the first to attempt restoring or reconstructing the teeth. Occasionally the archaeologist finds in some ancient tomb some crude device obviously intended to hold in place an ornamental substitute for a lost tooth. From such findings something may be inferred as to the nature of primitive dentistry. The Etruscans as early as 1000 B. C., for example, were using

gold bands and rings to hold in place ornamental substitutes for teeth. All primitive dentistry, it would appear, was concerned with man's natural love of ornamentation.

Prior to the coming of the Christian era, perhaps all dentistry consisted merely in relatively crude cleansing, treating or extracting of teeth and the substitution of real or carved bone teeth. The first dentist of whom we have an authentic record seems to have been one Cascellius. Martial, writing somewhere between 50 and 100 A. D., speaks of tooth picks and cleansing powders, and mentions Cascellius as one who "extracts or cures diseased teeth."

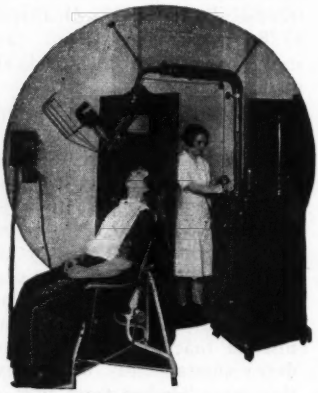
Dentistry's medieval period may be said to have commenced a thousand years later when, in 1100 A. D., Abulcasis, an Arabian citizen of Cordova wrote *De Cirugia,* a three-volume medical treatise in which he described fourteen dental scrapers and their uses, cautioned against needless extractions, and explained the methods of replacement. The next epochal treatise dealing with dentistry was that of Pierre Fauchard, whom we have already mentioned. His treatise, *Le Chirugien Dentiste,* 1728, particularly urged the study of dentistry in medical schools.

Gradually superstition and ignorance gave way. In 1593 all Europe marveled that a seven-year-old German boy had erupted a gold tooth. Finally it was disclosed to be a rather skillfully made gold crown. In the seventeen hundreds it was still thought that tooth decay was the result of worms. Some insisted that they were engendered spontaneously, others that they were hatched from eggs of flies and other insects carried into the mouth with the food. Extractions were frowned upon during pregnancy, particularly extractions of the "eye teeth,"

Dental Anatomy Classroom

lest the eyes of the foetus be impaired.

Colonial America knew very little of dentistry. During the latter part of the eighteenth century an occasional European



X-Ray Room

practitioner would visit America for a few months, or perhaps a few years. In England, Thomas Berdinore had become celebrated as the court dentist. In 1767 a pupil of his, Robert Wooffendale, came over and practiced for a while, first in New York, then in Philadelphia, returning to England the following year to succeed Berdinore as court dentist. The influence of these professional visitors led to the development of American dentistry.

Early American dentistry received a major impetus from France, through two dentists serving as officers of the line with the French contingent of the Continental Army. These dentists, Joseph Le Maire and James Gardette, were instrumental in turning two of their Yankee comrades to dentistry, Isaac Greenwood and Josiah Flagg. Typically shrewd Yankee jacks-of-all-trades, Greenwood and Flagg not only entered the profession, but were followed into dentistry by sons and grandsons, so that their influence upon American dentistry is well worthy of note. LeMaire practiced in Philadelphia after the Revolution, returning to France in 1787. Gardette remained in this country, practicing in Philadelphia for more than forty years.

The modern period of dentistry begins with the year 1840. In or about that year certain highly significant developments in dental education came about. In 1839 the world's first dental journal was founded, in New York, *The American Journal of Dental Science*. On February 1, 1840, the Baltimore College of Dental Surgery (now the College of Dentistry, University of Maryland) opened its doors, the world's first dental school. In the same year also the American Society of Dental Surgeons came into existence.

These things did not merely happen. They came about chiefly because of the high ideals of dental education and progress of two men—Horace H. Hayden and Chapin A. Harris. They were associates in the practice of dentistry in Baltimore, where they had done

much to put dentistry on a truly professional basis. Both were affiliated with the University of Maryland Medical School, as lecturers on dentistry. Hayden, who had as early as 1817 suggested the organization of dental societies, was much interested in establishing departments of dentistry in medical schools.

All his efforts to have the University of Maryland institute such a department failing, Hayden, with Harris and Dr. Thomas E. Bond, set up the independent Baltimore College of Dental Surgery. Hayden was president of the school, as well as of the new dental society. Harris, dean of the new college, was editor of the journal.

Besides Hayden and Harris, one other man must be mentioned as eminent in American dental education. That man was James Taylor of Bainbridge, Ohio. Taylor had received his early training in dentistry in Bainbridge with Chapin A. Harris, both of them under the instruction of Harris' older brother, Dr. John Harris. In 1845 Taylor founded the world's second dental school, the Ohio College of Dental Surgery, at Cincinnati, and in 1859 the second dental journal, *The Dental Register of the West.*

Before 1840 all training for dentistry had been by apprenticeship, with perhaps a supplemental course of lectures in some medical school. For half a century the dental schools were chiefly proprietary, a fact which doubtless retarded the growth of dental science, too great emphasis being placed upon technique and manipulative skill, and not enough upon the underlying medical science.

In 1867 Harvard established the Harvard University Dental School. With the taking over of the dental colleges by the universities, proper emphasis was placed upon the medical science part of the dental curriculum. Today, all colleges of

View of Dispensary

dentistry are connected with universities, and dental education seems assured a sound development, to the end that those who aspire to the dental profession may have not only "a skillful, steady, and trained hand," but also "a complete theory."

The six-year course is established. Furthermore, our dental colleges are now offering graduate work. At Ohio State we have a number of very significant projects in dental research now in progress. We are glad to report the hearty assistance and encouragement of other departments outside the College of Dentistry through loans of equipment and personal aid.

Thus the university recognizes that dentistry is decidedly a field for research in which lie many problems whose solution will go a long way toward the desired goal of all medical science: a perfect health opportunity for all. It is recognition, too, in a way, of the value of the science to which Sir William Osler paid high tribute when he said, *"There is not one single thing in preventive medicine that equals mouth hygiene and preservation of the teeth."*

DENTAL MEETING DATES

Society for the Advancement of General Anesthesia in Dentistry, Hotel Buckingham, New York City, 7:00 P. M., October 20th.

Massachusetts Board of Dental Examiners Examination for Dentists' and Oral Hygienists' Registration in Boston, State House, Boston, Mass., October 20th to 22nd inclusive, 1930.

Public Health Exposition, 23rd Regiment Armory, Brooklyn, N. Y., October 20th to 25th inclusive.

Rehwinkel Dental Society, Masonic Temple, Chillicothe, Ohio, October 23rd, 1930.

New York Meeting for Better Dentistry, Hotel Pennsylvania, New York City, December 1st to 5th inclusive.

Chicago Dental Society Meeting and Clinic, Stevens Hotel, Chicago, February 2nd to 5th inclusive, 1931.

Kings County Dental Society, St. George Hotel, Brooklyn, N. Y., February 25th to 28th inclusive, 1931.

Iowa State Dental Society, Ft. Des Moines Hotel, Des Moines, Iowa, May 5th to 7th inclusive, 1931.

The PENETRATION *of* ULTRA-VIOLET LIGHT

By Theodore H. Perlman, D. M. D.

EDITOR'S NOTE:

If the ultra-violet light has no penetration, the machines made for the use of this modality are worthless. My clinical experience over a number of years is that the water-cooled ultra violet ray does penetrate the soft tissues. The doctor attempts to substitute the idea that rays are absorbed by the melanin, then transferred to the hemoglobin and carried to various parts of the body through the blood stream.

The effort that is being made to transpose simple fact into a maze of conjecture would be amusing if it did not discourage the use of well-known methods of light sterilization, stimulation and relief of certain forms of pain. This same effort at mystification was the vogue for a long time in the use of novocain.

The effect of the water-cooled ultra-violet light is limited to the illuminated region. This will end the discussion.

THE purpose of this paper is to discuss the question of the penetrating power of ultra-violet light and if possible to settle this point clearly in the minds of the dental profession.

Due to the fact that physical therapy is comparatively new in the practice of dentistry, many questions arise as to the scientific principles on which the therapeutic value of this means of treatment is based. Articles have appeared, from time to time, in some of our dental periodicals, which have proved very beneficial in settling a great many of these questions, yet, in some instances, the explanation may leave the individual, who is seeking scientific information, in a maze.

For instance, in one article it is stated that the ultra-violet ray has but very little penetration, while in another article it is stated that the ultra-violet ray has great penetration. A correct understanding of this

pertinent question is necessary for the correct application of ultra-violet light.

In analyzing light, the ultra-violet band will appear between 1,860 A. U. (Angstrom Unit) and 3,900 A. U. This is the true ultra-violet band of the spectrum and is considered as such by light scientists and light therapists. Between the bands of 3,000 A. U. and 3,900 A. U., the rays appearing in this region are penetrating to a point of approximately ten millimeters of tissue. Between the points of 3,000 A. U. and 2,995 A. U., the rays seem to lose most of their penetrating power. In the region of 2,995 A. U. to 1,860 A. U., the rays appearing in this region will not penetrate more than one millimeter of tissue. Below the region of 1,860 A. U. the rays will not even penetrate fused quartz. Authorities such as Luckiesch, Pacini, Bovie, Mayer, Finsen, Rollier, Michaelson and the United States Bureau of Standards, have all agreed upon the foregoing statement.

If deep-seated diseased conditions were to depend upon the penetrating qualities of ultra-violet light, very little results would be obtained. Deep-seated diseases have been treated successfully with ultra-violet light and consequently these rays must reach the deeper tissues by some phenomenon other than penetration. This phenomenon is called absorption. The ultra-violet ray is first absorbed by the melanin found in the cells of the superficial layers of the skin. It is then picked up by the hemoglobin of the blood and is carried to the various parts of the body through the blood.

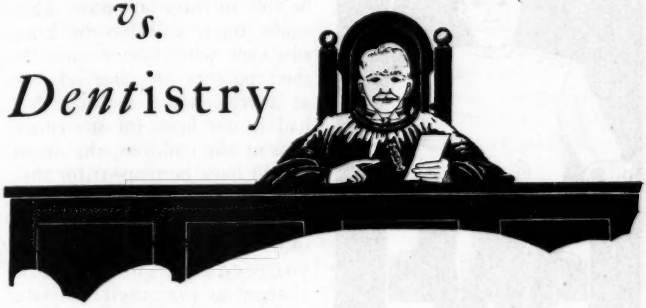
If the ultra-violet ray were penetrating, how could we avoid tanning areas where it is desirable to localize the application? A thin covering of tissue-paper will not allow the ultra-violet ray to pass; or the dust in the air will allow but very little coming from the sun to reach the earth.

It is true that some authorities have made the statement that rays emitting from a quartz burner will fog a photographic plate through tissue, which would lead one to believe that the ultra-violet ray is penetrating; nevertheless the statement does not imply that the ultra-violet rays have produced this phenomenon. The rays emitted from a powerful ultra-violet mercury quartz burner cannot be confined to the rays above 1,860 A. U.

There are no doubt shorter rays emitted, extending into the cathode-rays and consequently it is due to rays other than the ultra-violet that produce the chemical action on a photographic plate through tissue. It is considered that the amount of rays produced in a quartz burner, which are shorter than the ultra-violet, are not sufficient for therapeutic purposes.

Ultra-violet light, appearing in the region of 1,860 A. U. to 2,995 A. U. is chemical in its action, is germicidal, is absorbed by the tissues, and should be considered to have but slight penetrating value.

*Dint*istry *vs.* *Dent*istry



By Bland N. Pippin, D. D. S.

PART III

(Concluded)

SCRUPULOUS Competent Dentist, witness for Defendant, questioned by Counsel for Defense on direct examination, testified as follows, to wit:

Q. What is your name?

A. Scrupulous Competent Dentist.

Q. Where do you live?

A. In every city and in nearly every town in the civilized country.

Q. What is your vocation?

A. Dentistry.

Q. Are you in general practice?

A. Yes.

Q. How long have you been practicing?

A. Ever since Dentistry became a recognized branch of health service.

Q. Are you kept busy?

A. Yes.

Q. Have you estimated the capital you have invested in your vocation?

A. I know the original cost of my office equipment.

Q. You are a graduate of a dental college, are you not?

A. Yes.

Q. Do you know what amount of money you spent to obtain your education?

A. Well, I have never tried to estimate that. Generally speaking, the money spent for an education does not belong to the individual who is being educated.

Q. To whom does it belong?

A. Either to the parents of the individual being schooled, or to some of his relatives or perhaps to some generous friend.

Q. Do you not consider the

Scrupulous Competent Dentist takes the chair.

cost of your college education as being *your* capital invested?

A. Not necessarily so.

Q. Why not?

A. It depends upon whether or not I earned the money, or whether or not I obtained it as a loan and I am obliged to repay it.

Q. But suppose it was your parents' money, had you not been schooled and the money spent for your schooling, would you not have had that amount to your credit in your parents' estate?

A. Perhaps so, if, at my parents' death, there should be an estate in which I should share. My parents, while living, might invest in stocks and lose their estate or they might meet with reverses in various ways and not be able to leave an estate. Then again, many children are being educated with money saved by their parents or other relatives at a tremendous sacrifice that, had it not been for the education of the children, the money would have been spent for their own comfort and necessities.

Q. Then you do not think other people's money spent for your education should be charged as *your* capital invested unless you are to repay it?

A. I certainly do not. If it is correct to charge up money the parents spent for a child's college education to his capital invested, then it would be only proper to charge up, as his, all the money the parents ever did spend on him during his lifetime.

Q. Then, from a business standpoint, the graduate in a profession who has his education paid for by someone who does not demand repayment should be able to carry on his business transactions cheaper than one who does have the cost of his education charged up as capital invested?

A. Yes, provided he cares to place the practice of his profession upon a strict business basis.

Q. Then, the man who has earned his own money to pay for his education or is obliged to repay what someone else has paid for him is at a disadvantage with one who does not have such capital invested, is he not?

A. Well, from a strict busi-

ness view, yes, but from a practical standpoint, no. The man who has earned the money for his education, or must repay it, usually has the ability gained by his knocks to assume the handicap of having to make interest on his capital invested and still outstrip his confrere who has no capital invested.

Q. Do you not believe in applying strict business principles to your practice?

A. Of course there is a certain amount of business connected with any vocation, and professions are not exceptions, but one must not confuse a profession, as a vocation, with a business.

Q. To what extent do you think business principles should apply to the conduct of your practice?

A. To the extent of meeting the necessary expenses of maintaining a well equipped and appropriate office together with the expenses of keeping abreast in my profession. Also the necessary expenses incident to the maintenance of myself and family in keeping with the dignity of my profession and such profit over and above these modest needs as I can acquire honestly towards a competency for myself and dependents in my declining years.

Q. Upon what do you base your fees?

A. Upon the character and quality of the service rendered, the time required to render it, and the necessary expenses incident thereto, and the ability of the person receiving the service to pay for it.

Q. Do you have an established scale of fees for the various operations you perform?

A. Not a fixed scale.

Q. Then you charge some people more than others for the same character and quality of service?

A. Yes.

Q. Then you charge a wealthy person an extortionate fee in order to serve one cheaply who is less able to pay, do you not?

A. No. No honest professional man wants to, or does, charge anyone an extortionate fee, and no wealthy person ever paid a Scrupulous Competent Dentist an excessive fee for a competent dental service, but every Scrupulous Competent Dentist is daily rendering competent services for inadequate fees.

Q. Do you do that?

A. I have never practiced any other way.

Q. Can you afford to practice that way?

A. Until society shall determine ways and means of caring for the public health so that every person shall have an opportunity to obtain the most competent professional service at fees commensurate with his ability to pay, I shall continue to practice along these lines.

Q. To whom do you feel obligated to practice this way?

A. When I was licensed to practice under the present system of health service, I assumed the responsibility of doing my

part as a public health servant. I feel obligated to society, who are dependent upon the guardians of the public health, for honest, efficient, health service.

Q. Do you think it is the duty of society to change the present system of caring for the public health?

A. I think it is the duty of the professions to take the lead in determining for society the best methods of caring for the public health and then society should act to put these methods into practice.

Q. Do you consider your vocation a business or a profession?

A. Well, I think it is more of a profession than a business, but, really, the status of dentistry has not been definitely determined. I do not know just what to call it.

Q. Why do you say that?

A. Well, it is claimed by some dental authorities that Dentistry is a distinct profession like Medicine, or Law, or Theology, while there are some who claim Dentistry is a branch of Medicine on a par with the recognized specialties of Medicine like Opthalmology, Otology, Laryngology, Proctology, etc.

Then there are others who say it is a branch of health service more like nursing, or Osteopathy, or Chiropractic.

Then there is more or less of a general impression among the laity that Dentistry is a kind of technical trade. So, I suppose, to be on the safe ground, one might call it a specialized technical Pseudo-medical branch of Health Service.

Q. What status do you think Dentistry should be given?

A. I think it should be elevated to the rank of the other dowment to carry out such a program of teaching.

Q. Do you think Dentistry is that important as a branch of Health Service?

A. I think Dentistry is as important as any other branch of Health Service and more important than some; and, in my opinion, should require even more training. It is rather illogical that the dentist who treats the various diseases of the oral cavity and resorts to surgical procedures that require as much knowledge and skill for their successful accomplishment wherein, if failure should ensue, equally disastrous consequences would result to the patient as if failure should attend the efforts of a recognized specialist of Medicine as the Rhinologist, for example, should he not be required to receive a training that is recognized as being on a par with that of the Rhinologist; or that the training of the Dentist, who treats the diseases at the oral end of the alimentary canal, should be regarded as inferior to the training of the Proctologist who treats diseases of the other end of the same alimentary canal.

Q. What is the degree of a dentist?

A. D.D.S.

Q. What is the degree of a Proctologist?

A. M.D.

Q. Does the M.D. degree necessarily mean better training than the D.D.S.?

A. I cannot say it necessarily means better training, but it does mean higher entrance qualifications for the candidates seeking the M.D. degree.

Q. Do you think it would be to the advantage of Dentistry for the candidates for the D.D.S. degree to have the same entrance qualifications as candidates for the M.D. degree?

A. Yes, provided there could be the same consideration given in the way of endowment for teaching.

Q. Do you think this plan of training dentists would make them more competent than they now are?

A. The higher college entrance qualifications and the recognized specialties of Medicine.

Q. You do not regard it as a specialty of Medicine at the present time?

A. No. To be a specialty of Medicine like the other specialties of Medicine would require a course of study sufficient for the M.D. degree, and in addition, a certain amount of special training.

Q. Why has such a course not been required to obtain a degree to practice Dentistry?

A. Principally because medical authorities have never considered it necessary. Then, too, dental authorities generally seem to prefer to consider Dentistry as a separate and distinct profession.

Q. Do you consider Dentistry as important, in its service to society, as the recognized specialties of Medicine?

A. Yes, I consider it more important than some of the recognized specialties, and if the proper consideration were given to its teaching so that dentists should be competent "mouth physicians" or Stomatologists, it should, in my opinion, do more for the health of mankind than many of the present recognized medical specialties.

Q. What consideration is necessary to make mouth physicians or Stomatologists, in your opinion?

A. A revision of both medical and dental curricula and the correlation of the necessary subjects to place stomatology on an equal standing with the other specialties and the necessary enproper curriculum, supported by the necessary endowment, would enable the colleges to select their students and graduate only competent dentists, or Stomatologists, or mouth physicians, as they might be termed.

Q. Then you think all dentists would then be of the scrupulous competent kind?

A. I do not know about the scrupulous part, but they would be competent.

Q. What advantage would there be in all dentists being competent?

A. Through their knowledge, they would lessen the necessity for restorative dentistry by prac-

ticing effective preventive dentistry, and such restorative dentistry as they did should be of a much better quality.

Q. What effect would this have on the fees that would have to be charged for such services?

A. Medicine with Dentistry must recognize the principle of big business in the commercial world and the changed conditions under which society functions. Steps should be taken now to give up individualistic methods of caring for the Public Health.

Medical units including Dentistry should be organized and as many of them as are necessary properly to care for the Public Health be logically established in the cities and towns throughout the country.

These institutions, operating on a professional basis and embracing every branch of recognized Health Service manned by health servants who should function only in that character of service in which they are tested and found capable, could render honest, competent services to every person at a fee in keeping with his ability to pay.

In no instance should it be necessary to charge anyone an extortionate fee. The Public Health is not a thing for exploitation. The confidence of society in the integrity of her health servants must not be shaken by any efforts to commercialize the profession.

Q. This would be somewhat revolutionary in the methods of caring for the public health, would it not?

A. Not entirely so. It is being practiced in a similar manner in some places. Some of the large hospitals that have associated with them teaching institutions of Medicine are being conducted somewhat similarly.

Q. How could such a plan of caring for the public health be inaugurated and generally adopted?

A. It will devolve upon the medical and dental professions mutually to agree upon the requirements of education necessary for practitioners of the various specialties of health service. The organization of medical units composed of specialists who possess the required qualifications should be formed first in the large cities.

This would soon demonstrate the feasibility and practicability of this plan. With the rapid development of improved transportation facilities, each and every county could have one or more such medical units where all classes could be treated in a thoroughly scientific and economical manner.

A thorough reformation of our tax system adequately to supply funds for public education together with the continued generous support from private sources for medical research and teaching would tend to impress the public with the importance of general education and the proper appreciation of the pro-

fessions maintained for the Public Health.

Q. Do you think the public fails to appreciate the value of the professions?

A. There has been such a tendency to commercialize in all professions that the public is becoming skeptical of the sincerity and integrity of the professional man. The days of the good old family doctor are gone. Conditions have changed and the new conditions must be met with plans in keeping with the customs and practices of modern times.

Co-ordinated medicine, to take the place of competitive and individualistic practices, must be instituted and practiced along the most economical, scientific, honest, and professional lines. Business principles must be applied in the management of the medical units, but the professional spirit must dominate to the extent that not one single sufferer shall be denied the best medical care because of an inferior financial rating.

Q. Whom do you blame for this tendency to commercialization in the professions?

A. I do not blame anyone. I attribute the cause to the commercial spirit of our times. Conditions and living standards are so altered that the professions cannot function in the old individualistic manner without at least appearing to become commercial.

As industry is carried on through organization and co-operation, increasing production, lowering costs, and theoretically, at least, improving quality, so must the various branches of health service organize, correlate, co-operate, fit costs to individual needs, and render only scrupulous competent services.

Scrupulous Competent Dentist, on cross examination by Counsel for Plaintiff, testified as follows, to wit:

Q. You say your name is Scrupulous Competent Dentist?

A. Yes.

Q. Do you know yourself to be scrupulous?

A. Yes.

Q. By what rule do you arrive at the conclusion you are scrupulous?

A. By the Golden Rule.

Q. Do you apply the Golden Rule in all your professional relations and business dealings with your patients?

A. Yes.

Q. Do you mean that you never perform professional services for your patients that you would not have performed for yourself?

A. I never perform a service for a patient that I consider incorrect or that I should not regard as the correct service for myself under the same conditions and circumstances, but I do insist upon rendering correct service for my patients while for myself, in all probability, I should be perfectly satisfied with a less thorough and efficient service.

Q. Is that because you are so perfectly scrupulous?

A. Well, somehow my conscience will not permit me deliberately to fail to administer to the very best of my ability to the requirements of my patient's case, but in my own case, my conscience does not hurt me when the dentist administers to my needs in accordance with my instructions to be less thorough and render a less efficient service. I suppose one might correctly infer that I am so perfectly scrupulous that I insist upon doing better work for

my patients than I ever care to have done for myself.

Q. You claim to be thoroughly competent, do you?

A. Well, I do not claim to be perfect. I am competent to the extent that I succeed in accomplishing desired results in most of my efforts.

Q. Do you ever meet with failures?

A. Yes, quite frequently.

Q. If you are competent, why do you ever meet with failures in your efforts?

A. There are circumstances under which the most competent dentist will fail in his most painstaking efforts. He may err in judgment and diagnosis and because of such errors, services most perfectly rendered are doomed to fail. Again, it is humanly impossible to render competent services for some patients.

Q. Do you charge the same fee for a service that, in your judgment, is imperfect, that you do for the same service which you deem satisfactory?

A. I base my fee upon the character and quality of the service rendered and the time and expense incurred in rendering it, and the ability of my patient to pay.

Q. If you render a service that fails in a short period of time, do you return the fee to your patient?

A. I do not guarantee my services never to fail, but if I am sure a ready failure is due to some fault in my judgment, diagnosis, or technique, I am only too glad to perform the service over, free of charge.

Q. By what tests do you determine the success of your services?

A. By the preventive and curative results accomplished and the durability, permanency, efficiency and non-irritating character of services of a restorative nature.

Q. Do you feel that you are adequately paid for your services?

A. I am generally paid without protest whatever fee I charge, but in most instances Scrupulous Competent Dentists, under-charge rather than over-charge for their services. There is no character of Health Service so positive in permanent beneficial results as dental services completely performed.

Q. Is there not a great tendency for the Scrupulous Competent Dentist to become conceited?

A. Yes. He frequently does become afflicted with egotism, but generally he maintains his balance as well as the successful specialists of Medicine.

Q. Do you employ business salesmanship methods in the conduct of your practice?

A. If you mean salesmanship in the sense of selling commodities, no.

Q. Do you consider you are selling anything in practicing your profession?

A. Not unless it is in "selling" myself for the purpose of rendering a professional service and usually I have been practically "sold" before the purchaser comes to me.

Q. Then your patients get off pretty cheaply, do they not?

A. Insofar as what it costs them to determine whether or not they wish to engage me to serve them, yes.

Q. If you are not selling anything, what do you charge for?

A. I charge for rendering professional services.

Q. Do you consider making a filling or a crown or a bridge or a denture rendering a professional service?

A. I consider such as mechanical phases incident to the rendering of a professional dental service.

Q. Then if you are rendering a professional service in which a gold filling or a gold inlay is a mechanical phase to be considered, how much money does it take to satisfy your consideration of the mechanical phase?

A. My consideration is not based alone upon the mechanical phase. The mechanical phase is only an incident in the service, and the money charge is for the service, as a whole, from which my patient is to benefit. I alone am the one qualified to determine the character of

the mechanical phase indicated in the case.

If the conditions governing in the case will permit, I perform the service according to the indications.

My fee is dependent upon the quality of the service, time consumed, and expense incurred, together with the ability of the patient to pay.

Q. Have you been financially successful?

A. Reasonably so.

Q. Where did you learn the Economics of your profession?

A. I do not claim to be an Economist. I have read a few texts on practice-building and economics of practice that were recommended by leading practitioners and, by consulting men of experience whom I regard successful, I gained valuable information. Then, by trying to use common business sense, I have achieved a reasonable success financially.

Q. Do you use any particular system of bookkeeping?

A. I have a system of my own.

Q. Do you keep a discount column in your system of bookkeeping?

A. No.

Q. How can you determine how much money you have earned that you are not accounting for?

A. I do not want to know.

Q. Do you not think it would be better business to keep a complete set of books?

A. There is no objection to keeping a complete set of books and, to my way of thinking, no particular advantage.

Q. Why not?

A. Because I do not care to place the practice of my profession on such a strict basis, at least while I am practicing under the present system of individualistic service. If I find it necessary or expedient or even pleasant to render a service for what might be termed "a discounted fee" or perhaps for no fee at all, I do not care to post the amount of money I did not get as a reminder to myself or others that I was charitably disposed to the amount of so many dollars and cents.

Q. Do you contribute cash to organized charity?

A. No. I do charity as I meet it. I am engaged in a profession where charity is a part of my duty and so long as society does not provide the necessary number of charity clinics and Health Service continues to be rendered by the present individualistic system, I shall continue to do charity as I come in contact with it, and not suffer a remorse of conscience by refusing to contribute cash to organized charity.

Q. How many productive hours do you devote to your office each day?

A. I devote as many hours out of the twenty-four each day as I find necessary to administer to the needs of my clientele.

Q. How many of those hours are productive hours?

A. I do not know and I do not care. I am practicing a profession and whatever hours that are devoted to professional practice that are financially productive are evaluated according to the service rendered and those that are not financially productive are either not accounted for at all or are credited for whatever they produced.

Q. Do you keep a time-clock by which you check the time devoted to each patient?

A. No, I ordinarily make hourly appointments and through experience I find I am a good clock myself.

Q. Do you not think a system of checking your patients in and checking them out would be a source of economy, of time, and of money for you?

A. I am not a factory employee and I belong to no union. I have no desire to qualify as an efficiency expert. I am not engaged in a business. I am practicing a profession in which my chief concern is the comfort and health of my patients. I try not to waste my patient's time or my own needlessly. I endeavor

to do by them as I would be done by.

Q. Do you not think it is a part of your duty to encourage better business methods in the practice of your profession in order to help your brothers to be more successful, financially?

A. No, I am not at all interested in the financial success of my unscrupulous relatives and I do not wish to be a contributing factor to their financial success by adopting or encouraging practices that tend to increase their opportunities to impose upon the public. I would gladly do anything to help my scrupulous brother to achieve a greater degree of competency and give him any information I possess to help him to acquire a greater financial reward for his improved services.

He only needs to be associated with other health servants in a well-organized medical unit efficiently managed where he could be engaged in that character of service in which he is competent to give to society the best that is in him and insure for himself the financial reward that he could honestly earn. In fact, I think all of us could be worth more to society and to ourselves by such a scheme of serving the public.

Q. Do you think Dentistry or the colleges are in any way responsible for the financial distress of so many individual practitioners of Dentistry?

A. No, but society is responsible for adequate maintenance of dental teaching effectively to meet the requirements of Health Service and the professions are responsible for the manner in which the public service is to be administered.

Argument of Counsel for Plaintiff

Your Honor, Ladies and Gentlemen of the Jury:

You have heard the evidence in this case, and you alone are to be the judges of whether or not the charges as preferred by the Plaintiff are to be sustained.

I only wish to impress upon you the solemnity of the duty that now devolves upon you as jurors to weigh most seriously the testimony of these witnesses that has been held competent, relevant and material that your verdict may carry with it the justice that lies in your power to proclaim.

I wish to direct your most serious consideration of the nature of the charges preferred by the Plaintiff in the case and the causes which have provoked the controversy.

Picture to yourselves, if you please, the spectacle of a group of professional men, many of whom have battled their way almost from infancy to manhood, with no one upon whom to rely for financial aid, but who, through their own efforts, have overcome almost insurmountable obstacles in complying with the law to obtain a license to engage in the practice of a profession as a livelihood, and then after fulfilling the requirements demanded, they find themselves unfitted to cope with the economic problems of their profession due largely to the negligence or indifference of the colleges regarding their economic training.

And consider further, if you please, the injustice that is done these men by the representative men of their own chosen profession who refuse to encourage any concerted movements of a businesslike nature which, if ap-

plied to the conduct of their practices, would enable them materially to increase their financial rewards.

Is it fair or is it just that professional men, who have to depend upon their profession for a livelihood or a business, and who have enough capital invested in their profession to entitle them to a neat income, were it invested in a business, must be so circumscribed by tradition that they dare not attempt the application of business principles to the conduct of their practices without being criticized for their acts?

In the case of Dentistry, it is not a question for you to decide as to whether or not the dentists are competent. That question was settled by the colleges that granted them diplomas and by the State Board of Dental Examiners who subjected them to tests and declared them fit by licensing them to practice.

Ponder, if you please, the situation that confronts the new graduate dentist as he sits hour after hour in his expensively equipped office listening in vain for the ring of the bell announcing the arrival of a patient, and after hours have grown into days and days have lengthened into weeks, the glad sound of the bell is only to deepen his despair by its proclaiming the arrival of a collector of bills past due.

Visualize, if you can, the troubled features of this originally ambitious individual whose high hopes of financial reward are dimmed by the prospects of failure, whose every thought and deed but proclaim his complete disillusionment, and whose soul is filled with bitterness as he looks out on a cold, unsympathetic world that only responds to his appeals for sympathy with indifference and unappreciation.

And this is not all. Go with me further, when in later years, these same men, after enduring the privations and disappointments incident to their early struggles, are now busy administering to the sufferings of humanity, but because of traditions of their profession and the failure of their Alma Mater to give them the necessary instruction in Economics, they have not the courage to charge fees for their services that are adequate for their daily needs to insure for them the enjoyment of the standards of living of the society in which they function.

And this is not all. Consider what are the exactions upon the physical, mental, and moral qualifications of these men as they toil through long hours of nerve-wracking experiences in their efforts to alleviate the sufferings of their fellow-man and to provide the necessary restorative measures to add to his comfort, health and happiness, to find, in the end, that the patient's principal concern was the pain suffered, the inconvenience endured and the amount of the bill that was rendered.

And this is not all. Even

though the dentist because of the nature of his painful occupation may be characterized as brutal, heartless and devoid of sympathy and feeling, he is nevertheless intensely human and is actuated by the same aspirations, the same sensations and desires, the same instincts, the same passions, and is no less amenable to the temptations that beset his pathway than are those for whom he devotes his life of tedious, exacting, painstaking, nerve-wracking service.

And this is not all. In the course of his career, he has, no doubt, come to agree with what is recorded in the Holy Writ that "It is not good to be alone." In the vigor of his youth and manhood and while his ambitions still run high, he chooses one to be his life's companion who, in the beginning, shares with him the exhilarating sensations of his enthusiasm and together their lives are radiant with cheerfulness founded upon the hope of the professional and financial success that, certainly, some day shall be theirs.

And this is not all. This union probably is responsible for the lives of innocent children that have come to add to its happiness.

But along with the attendant joys come increased responsibility and multiplied cares. Greater demands necessarily accompany this broadened horizon of life and stimulate to greater effort and greater achievements, but with just two hands to meet the increased demands, imagine, if you can, the strain to which the poor dentist is subjected in order to provide the necessities of the standard of society in which his family must function.

And this is not all. Later, after years of experience when it dawns upon the mind of the dentist that his years of service are limited and that his profession is the young man's profession and long before he has provided a competency for himself and dependents in his declining years, he finds his eyesight dimmed from the constant strain of close application, his nerves shattered, his disposition altered, his health impaired and his practice gradually drifting away from him, seeking the services of younger hands.

Then it is he most keenly realizes the bitterness of disappointment in not achieving the financial success that as a young practitioner he so confidently believed that he should. And why has he not achieved it? Because he frittered away all those years when he possessed his greatest productive capacities living up to the traditions of his profession that dental service should cost but little and much of it should be done for nothing.

Ladies and Gentlemen of the Jury, I ask you whose fault it is that Dentistry is not more remunerative? Is it the fault of the dentist who has been legally adjudged qualified to practice? It it the fault of his clientele? Is it the fault of society that recognizes dentistry as a neces-

sary branch of health service? Or is the fault in the absence of Economic training which the student has a right to expect and demand at the hands of his college and the encouragement which a well organized profession should give to legally qualified practitioners to demand adequate fees for their services to enable them to practice competently, live respectably, and, at the end of their years of activity, to retire without fear of being a charge to society?

Argument by Counsel for Defense

Your Honor, Ladies and Gentlemen of the Jury:

It is true that you are to be the sole judges as to whether or not the charges preferred by the Plaintiff in the case are to be sustained. It is further true that you are confronted with a solemn duty in rendering a verdict that will justly proclaim the merits of the case.

In weighing the evidence that has been admitted and sustained, your serious consideration should be given the *character* of the witnesses who have testified. You should further seriously consider not only the nature of the charges and the causes of the controversy, but the province of professionalism and the extent and limit of the true relations that should exist and be maintained between commercialism and professionalism.

It has been stated that it is not for you to decide as to whether or not dentists shall be competent. From a legal standpoint, this is true, but if you consider the province of Dentistry in its relations to humanity, can you so lightly shift your share of the responsibility for the competency and moral character of dental practitioners by sitting idly with eyes blinded to the conditions that give rise to this controversy itself?

Weigh the testimony that has been given in the case and consider the character of the witnesses giving it and decide for yourselves whether it is your duty to determine, for society, the requirements that must be fulfilled to insure the most complete competency on the part of the future dentists, or whether society must eventually determine for itself the qualifications and the character of the dentists that are to serve it and the manner in which it shall be served.

If society so lightly appreciates the value of competent dentistry as to fail in recognition of its proper teaching as is generally evidenced by the lack of endowment funds to elevate the dental educational institutions above the commercial basis upon which they are at present generally compelled to operate, does that excuse you from your responsibility to society? Should you calmly acquiesce and accept the conditions that prevail because society does not understand, or if it does, it fails to act?

In a matter of this kind, is it

not your duty to lead and persuade society to follow?

The essence of importance in any individual or institution is the capacity to serve, and no individual or institution has a moral right to maintenance out of proportion to the worth of the service he renders. If society is to be served with competent Dentistry, is it not your duty to point the way to society to supply competent dentists to serve it?

If all mankind, from the most indigent to the most financially independent, is to be served with the most competent Dentistry, is it not also your duty and your privilege to inaugurate and demonstrate the most economical and efficient plan of service?

In the face of organized and co-ordinated industrial service, must the professions continue in the individualistic and competitive system? Or shall they awaken to the changed conditions and, too, through organization, co-ordination, and co-operation function to the mutual advantage of those who serve and those who are the recipients of service?

How long must the present conditions prevail where the great masses of mankind must be administered to by the partially competent on account of the failure of the professions to take the initiative and persuade society to comply with the demands upon it for the correction and maintenance of its own health service?

We have reached that stage in our civilization where, through industrial development and improved transportation facilities, we witness the almost complete extinction of that once trusted, respected, yea, even beloved character, the Family Physician. Society is floundering in a dilemma as to what course to pursue to provide for itself the trusted service he once gave it.

Let us visualize and inaugurate a new system to fill the place left vacant by the Family Physician to give to society a better service than was in his power to give; a system that will embrace every recognized branch of health service, functioning through co-ordinated units in a thoroughly economical and professional manner and of such a practical character that every person, even in the most remote districts of the country, shall have in their very midst the opportunities available for the most economical and competent medical services enjoyed by only the poorest and the richest in our cities today.

The portrait of a legal dentist, painted and hung for your inspection by Counsel for the Plaintiff, is subject to criticism and must be outlined upon a different background and retouched to portray correctly a successful and competent dentist.

About this profile, standing out upon the sordid colors of commercialism, let us apply the vivid colors of professionalism that will light up his weary countenance. Touched with the

glowing tints of competency, his features will be changed to radiate gladness instead of sadness and his expression of subjection, disappointment and gloom will be replaced with confidence, determination, and satisfaction characteristic of one whose life is spent in the unselfish service of mankind.

Beside this retouched portrait, let me paint and hang another.

It is to represent the drama of life in which the great company of human actors of every nationality are engaged in a continuous performance upon the stage of civilization. Each player, in his turn, makes his debut and his final exit. But while his role in the performance is being acted, however great or however insignificant, the part he plays, whether he be the hero or the villain of the act, or but one of the miserable rabble, there are ever ready to respond to his cries as a sufferer those stars in the cast, the Scrupulous Competent Guardians of the Public Health. Behind the screens, unseen, stands Conscience, the prompter, directing the players in the language peculiar to each individual character.

And for those garbed in the robes of Health Servants, he has indelibly stamped upon their scrolls this inviolable injunction: *"You shall not betray the confidence of mankind in the integrity of professional service. You shall not exploit human ills for sordid gain."*

This case of *Dintistry vs. Dentistry* resolves itself into *Commercialism vs. Professionalism* and it is for you to decide from the evidence, whether financial reward is to determine the competency of dental service, or competency of dental service is to determine the financial reward.

Your Honor, Ladies and Gentlemen of the Jury:

In concluding Dentistry's plea, may I voice Professionalism's prayer?

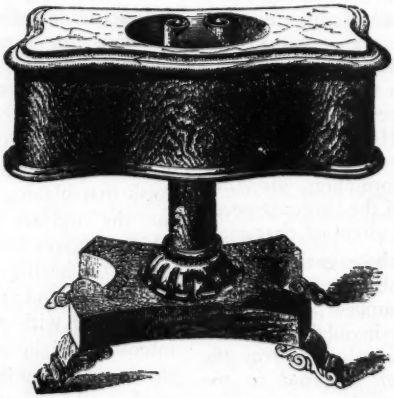
Not so much for the sake of Dentistry or of Medicine as for that of humanity for whose service these institutions are cherished and maintained. May the day soon come when, for the better service of mankind, Medicine with Dentistry shall stand united in one scientific body, one profession, inseparable.

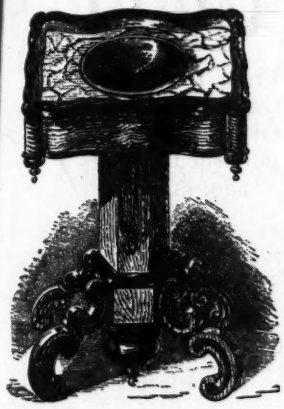
And as long as civilization shall stand and scientific administrations for human ills and human suffering be required, may not the cold stream of avarice and greed of commercialism be so directed against the heart of professionalism as to extinguish that blazing flame of love for the welfare of humanity which actuates her in the interests of the health and the happiness of mankind; that flame that has burned with ever increasing intensity and by whose warmth the human soul has been softened and sweetened down through eons of time since first it was enkindled from the original spark of human sympathy.

ORAL HYGIENE'S ALBUM

This month the Album pictures spittoons of a bygone day. Here are some elegant ones which were to be found in dental offices around 1875—fifty-five years ago.

The spittoon below evidently had more capacity—featured what was known as a "shell-shaped basin," for what reason the Lord alone knows.





The very lovely one at the left, with the curly legs, was a carved walnut design with a marble top, glass basin and zinc "receiver." A walnut cover provided the magic that transformed it into a table.

The "Scagliola Pedestal Spittoon," at the right, of simple, chaste design, was made of marble and was also available in a pretty japanned zinc model.

And then there were the "hand spittoons"! Here's one.

(The pictures were furnished by Dr. Ross Wilkinson of Jersey City.)

Tempus FUGIT

From the second October issue of ORAL HYGIENE, published 18 years ago, in 1912.

AN OUTLINE OF THE BUSINESS SIDE OF DENTISTRY

Everyone likes to see success, and will patronize you if they think you are busy, whereas, if they think you have nothing to do, they will generally go elsewhere; for this reason it is a wise plan to always be in the office during office hours and attend strictly to business. The fellow who puts in his time loafing in pool-rooms and behind the drug store counter, will soon get a bad reputation among the women, and they form a large proportion of every practice. — EDWARD S. BARBER, D.D.S., *Chicago, Ill.*

MINIMUM PRICE FOR A SINGLE RUBBER DENTURE

There is not one dentist in a hundred who knows how long it takes to make a plate. He just charges whatever everyone else is charging. He does not know upon what his charges are based. He knows that men who were dentists before he graduated charged those prices and he does the same, thinking that they know better than he—one following the other, like sheep. Why not get to know yourself what you are doing? Why not put up a chart in your office and time yourself and see how you stand in comparison? This is no plea to raise prices.—ANONYMOUS.

PRACTICING DENTISTRY

In the article entitled "The Minimum Price for a Single Rubber Denture" in this issue, the author quotes some dean of some college to the effect that sixty-six per cent of dental graduates enter other fields of endeavor after five years or less of practice. I do not know who that dean was, but his figures are absurd. The writer of this has been "deaning it" for over fifteen years and knows they are absurd.

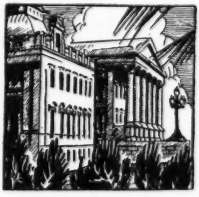
According to the United States census reports approximately two thousand dentists drop out of practice each year. This includes all who die and retire as well as all who go into lines of work. If his deanship's figures were correct and we place the number of dentists in the United States at forty thousand, and there are not quite that many, twenty-six thousand six hundred and sixty-six and two-thirds dentists drop out each year. At that rate, in a couple of years there would be no dentists.—EDITORIAL.

INTERNATIONAL ORAL HYGIENE

Translated and Briefed by Charles W. Barton

Russian children are taught care of teeth at summer camps

UNION *of* SOUTH AFRICA



During November, 1929, the Pretoria Dental Clinic treated 130 adults, 399 children, and 4 babies (under the age of six); 600 extractions and 301 fillings were made. In December of the same year, 84 adults, 255 children and 4 babies required 365 extractions and 111 fillings.

The Port Elizabeth Municipal Clinic, in December, 1929, treated 33 Europeans and 25 native patients, making 160 extractions and 1 filling. The chairman of the dental society remarked that there was a tendency recently for the clinic to be abused. He recommended that members of the panel enquire into any doubtful cases on the spot and if not satisfied to decline to do the work, since the clinic was purely for necessitous cases.

Relative to the scheme of

country visits and lectures to school children it was resolved that Cradock be one of the first towns to be visited during 1930, and the secretary was instructed to communicate with Mr. Kemp, vice-president, on the subject of a visit to Cradock in March.

South African Dental Journal,
February, 1930.

* * *

In a letter to the editor, Dr. W. H. Deyes comments enthusiastically on the article of Dr. Hanke of Chicago on the relation of diet to caries and other dental diseases. The writer was particularly pleased to note the reference made to the ratio between calcium and phosphorus and its important connection with vitamin balance.

Dr. Deyes uses strong language in criticizing the attitude which has prevailed for so long among the bulk of the dental profession. He says that "it is good to find someone in this country who does not follow in the trail of the crowd that has misunderstood and misinterpreted Miller for so many years and been satisfied in their own poorly instructed minds that all that was wanted to stop dental caries was to turn the roller flour mills of the world into mass production toothbrush factories and the sweep factories into places for making tooth pastes and things."

The South African Dental Journal April, 1930

AUSTRALIA

The whole of the January, 1930, issue of *The Australian Journal of Dentistry* is devoted to the presentation of a monograph on Dental Enamel by Dr. Charles Allen, of the Australian College of Dentistry, University of Melbourne. The view of the structure of human enamel presented here differs very strikingly from current conceptions; so strikingly, in fact, that the readers of ORAL HYGIENE will be interested in listening to some of Dr. Allen's conclusions.

The enamel of human teeth, according to the author, is neither columnar nor rod-like in structure, but on the contrary, consists of an intricate system of spiral tubules. This tubular stroma must, therefore, be of meso-blastic origin. The majority of these tubules are, in the formed tooth, almost completely mineralized as shown by quantitative analysis, and experiments such as those conducted by Sprawson and Bury, but some remain patent and connected with the blood supply of the pulp by means of the lymph channels in the dentinal tubules, with which they are continuous. Lymph from

the blood supply of the pulp passes through the dentinal tubules and the patent enamel tubules as shown by the experiments with silver by the author and those with India ink by Dr. E. W. Fish.

The developing tooth receives its supply of calcium salts from the vessels of the dental papilla, then through the dentinal tubules and their accessory structures, and finally through the continuations of the dentinal tubules, which become modified into the spiral tubules of the enamel and continuous with them, either directly or indirectly through the transverse tubules of the junction.

The conclusions to be drawn from the foregoing—which are but part of Dr. Allen's important findings—are clear, as is also their bearing on the question of how much or how little the teeth are influenced *biologically* by the food which we eat.

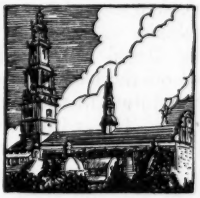
The Australian Journal of Dentistry, January, 1930.

* * *

The report for the year 1929 of Melbourne Dental Hospital shows that 14,156 patients were examined as compared with 13,117 in 1928. During the year 1929, operations costing £2,562 were performed free of charge, as compared with £1,840 in 1928.

The Australian Journal of Dentistry, April, 1930

POLAND

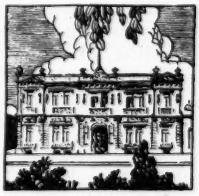


From the annual report of the State Dental Institute of Warsaw, for 1928-29: in the department of conservative dentistry there were received 9,466 new patients, while 21,771 old patients were also treated. Of the 35,922 treatments rendered, 6,890 were fillings and 1,172 radiographs.

The number of dentists in Poland is at present 3,014 (as against 10,248 physicians), of which number 1,126 are practicing in Warsaw (as against 2,475 physicians). — *Kronika Dentystyczna,* No. 1-2, 1930.

* * *

MEXICO



The *Boletin Odontológico Mexicano* is carrying on an indirect campaign of education in prophylactic dentistry for the people by publishing, consecutively in the various issues of the

magazine, full-page, large-type explanations of different subjects related to oral hygiene and prophylaxis.

The dental information is printed on the back of the page which indulges in the humor of dentistry. The editors of the magazine ask the dentist to show this page, which is dedicated to the education of the public, to their patients. Since this page can be torn out of the book and put on the waiting-room table, there is no possibility of giving away professional secrets treated in the book itself. This is by no means a bad idea.

* * *

FRANCE

As final conclusion of a study on "Naturism in Dentistry," Dr. J. Filliol, of Gourdon, announces the positive verdict that "in order to prevent dental decay it is not sufficient to practice merely oral hygiene; first and foremost it is necessary to masticate actively and thoroughly, to study and modify nutrition, with a view to satisfying the needs of the teeth as much as of the whole body, in mineral salts and vitamins. The result will be better health and therefore more resistant and healthier teeth."

Dr. Filliol also vociferates against white bread. Not only does he believe that it supplies insufficient bulk for mastication and has a tendency to lead to decay through fermentation of residues left between the teeth, but he stresses white bread to be responsible also for a great many systemic troubles. It is interesting to hear him report that the exclusive use of white bread by the American soldiers during the War had caused general constipation so that the Army command issued orders to buy flour in France which was not as refined as the American variety.

La Revue de Stomatologie,
March, 1930

* * *

NEW ZEALAND

In an editorial on the prevalence of goitre in school children, a number of very interesting and more than sensible parallels are drawn between this particular problem of school hygiene and that confronting the profession in the eradication of dental decay.

"The dental world," says the editor, "in considering the den-

tal problem, looks more and more for its solution to the correct rearing of the child during those years before it reaches school age, and feels that for the most part when it has reached the age when it enters school, the die has already been cast, and little can be done except to patch a defective organism."

Very rightly the editor adds that "nothing much can be learned from tabulating the dental defects of children of school age and drawing curves on squared paper of the incidence of dental caries at the different ages of children who are suffering from improper nurture and neglect during these very important years of pre-school life." The editorial writer's intelligence, however, becomes particularly manifest when he says that one cannot help feeling that the solution of both the goitre and the dental problem lies in a study of the pre-school age child, and that both problems might be intimately connected with just that defective nutrition. " . . . although palliative measures, such as the addition of iodine to the salt or to the water may be desirable, they will no more solve the question than did the old-time but now discarded idea that in order to build up sound teeth it was necessary to dose the infant with lime water."

New Zealand Dental Journal,
March, 1930

U. S. Public Health Service Examination

Examination of candidates for commission as Assistant Dental Surgeon in the Regular Corps of the U. S. Public Health Service will be held at Washington, D. C., on November 10, 1930.

Candidates must be twenty-three years and not over thirty-two years of age. They must have been graduates in dentistry at a reputable dental college, and have had a total of seven years educational training and practical experience. They must undergo a thorough physical examination and must satisfactorily pass oral, written, and clinical tests before a board of officers.

Successful candidates will be recommended for appointment by the President, with the advice and consent of the Senate.

Request for information or permission to take this examination should be addressed to the Surgeon General, U. S. Public Health Service, Washington, D. C.

Ask ORAL HYGIENE

CONDUCTED BY
V. CLYDE SMEDLEY, D.D.S., AND
GEORGE R. WARNER, M.D., D.D.S.,
1206 REPUBLIC BLDG.,
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

Unstable Dentures

Q.—A male patient, 68 years of age. Removed all upper teeth and made a vulcanite denture. After 2 months he returned and I relined it. Still the plate continued to fall down. His gums healed fine. Urinalysis showed slightly acid condition, no sugar. His saliva is ropy. However, we cannot very well attribute this to starchy intake as he eats hardly anything. I made him another vulcanite plate a few weeks ago and he felt fine until recently. The plate began to wobble in mouth. It stays fine when clean but upon drinking milk it begins slipping again. I want him to have a stainless steel denture as I feel a light plate will stay up better. Would this be better for him?—H.B.S.

A.—Frequently the falling of upper dentures is due to an unbalanced or dislodging force in occlusion. Or possibly there is a slight muscle tension, or a lack of sealing adaptation at some point around the peripheral border.

My impression of stainless steel has been that it is very difficult to secure a very close or accurate adaptation with it, because of its extreme stiffness, but I would be interested to know if you try it, how you find it works out.—V. C. SMEDLEY.

Burning Dentures

Q.—Patient wearing partial upper brown vulcanite denture—horseshoe shape design, carrying cast clasps, complains of burning sensation of tongue—as if it were covered with red pepper—is the way she describes it. What would you advise to overcome this condition? Your

department is very helpful and I thank you.—W.C.R.

A.—I would suggest that you reconstruct this denture changing the horseshoe shape design to a palatal bar design. The tongue plays naturally on the rugae right back of the natural teeth, and this area should be left uncovered as far as possible in partial denture construction.

Your letter does not tell me what teeth are carried on the denture; if the anteriors, possibly you may not be able to free this part of the mouth from the vulcanite covering, but I would suggest that you do so as far as possible.—V. C. SMEDLEY.

Dentures That Gag

Q.—Have another problem I would like to get your opinion on. Full upper and lower, vulcanite dentures, that gag patient so that she cannot keep them in over five or ten minutes.

Patient female, age 50, fairly stout, not particularly nervous. Good ridges. She gagged considerably in taking of upper impression, but not lower. Now she gags when wearing either upper or lower separately and together. If she puts them in soon after a meal she will vomit very severely.

Have trimmed posterior borders of both dentures so as not to infringe on soft palate. This seemed to help a little but not a great deal. Seems that when dentures are put in quite cold they feel easier, but when they get warmed to mouth temperature the trouble begins. Am wondering if a roofless or palate-less upper might help. But that would not help for the lower.

Patient seems to think she can wear them a while longer when she is fully rested than when she is tired. But not a great deal better.

Have you any suggestions for such a case, doctor? Will very much appreciate a prompt reply, as patient and myself also feel very disappointed over the outcome.—R.H.R.

A.—A close adaptation of dentures across the distal periphery should prevent continued gagging; the upper at the junction of the hard and soft palate or slightly upon the soft movable tissue and the lower across the soft pads of tissue toward the angle of the jaw.

If this doesn't relieve the situation have her place a couple of dry tea leaves above the buccal border of the upper. The tannin from the tea gradually seeping back and down will sometimes relieve gagging until the habit is broken. Or have her deliberately tickle the throat with a feather or something of the kind until the gagging nerves and muscles are tired and less sensitive.—V. C. SMEDLEY.

Condensite Dentures

Q.—I have a patient 65 years old, woman, wearing full upper and lower dentures, condensite base. She has worn them

six months. There is a black stain on upper and lower inside of plate, mostly on lower. Pumice and polishing has no effect. Will you kindly help me out on this case?—L.D.L.

A.—The stain is probably confined to areas where the condensite came in contact with the plaster or stone models because of a tearing of the tin foil that should protect these synthetic resin bases from all contact with plaster or other cast materials during vulcanization. There probably is no help for the condition short of replacing the condensite with new.—V. C. SMEDLEY.

Reciprocity

Q.—I would like to know what states reciprocate with Pennsylvania in regard to State license.—H.A.S.

A.—Pennsylvania does not reciprocate with any other state.—V. C. SMEDLEY.

Canker Sores

Q.—In the June ORAL HYGIENE P. N. C. recommended ammoniacal silver nitrate for canker sores. I have always used the very effective trichloracetic acid solution but the application hurts the patient. Can you tell me how to prepare the ammonical silver nitrate? Or do you have another better and painless?—E.L.W.

A.—One may prepare ammonical silver nitrate but as it is rather an unstable compound it is much better to buy the prepared in ampules which you may secure from any dental dealer.—G. R. WARNER.

Narcotic Permit

Q.—In regard to the article in ORAL HYGIENE on "Narcotic Permits," I would like to have my permit. To whom do I write about this in order to secure my permit?—J.L.J.

A.—If you will apply to your local druggist or a physician friend, he will tell you to whom to apply in your region for your narcotic permit.—G. R. WARNER.

Distilled Water

Q.—I have a small copper still and I want to know if the water that is distilled from it is all right to use in my Ringer solution—D.H.McC.

A.—If your copper still is perfectly clean there should be no reason why the water distilled through it should not be all right to use in your Ringer solution.—G. R. WARNER.

"Dry Socket"

There appeared in the July, 1930, issue of ORAL HYGIENE, on pages 1501 and 1502, a communication signed "G.C." on the subject of "Dry Socket."

Leaving aside, for obvious reasons, the contributor's remarks on home-made local anesthetic solutions and what he calls "stock solutions," we think it advisable to call your attention to the fact that the condi-

tion known as "dry socket" is never caused by local anesthetics.

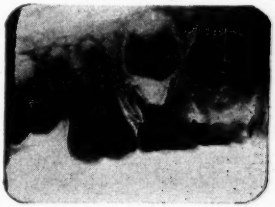
Dr. Morris A. Zimmer of Newark, N. J., has given a very able resume of "Dry Socket" in *The Dental Cosmos,* Volume 71, No. 12, December, 1929, pages 1204 and 1205. We enclose excerpts from Dr. Zimmer's notes.

In no case have local anesthetic solutions been known to be responsible for the condition called "dry socket." The condition is one caused by a pathological process of long standing. The condition, therefore, is present frequently years before the extraction, but does not become manifest until after it. On this basis it does not seem reasonable to blame the injection of local anesthetic solution for a condition which has existed a very long time before the injection took place.

Solely an excessive pressure during the injection of local anesthetic solutions may aggravate indirectly the condition which is present, and lead to a case of true "dry socket." Whether or not G. C.'s peculiar methods of injection necessitate excessive pressure and therefore provoke "dry socket" we will not discuss.—DEPARTMENT OF PROFESSIONAL CONTACT, *Cook Laboratories, Inc. and the Antidolar Mfg. Co., Inc., New York, N. Y.*

Impacted Cuspid

Q.—I have been reading with great interest your questions and answers and I am encouraged to ask you, if you find the time, to give me some information and advice.



By the enclosed print you will see upper left cuspid impacted. This I removed with no difficulty but I have very little regeneration of bone in that area. In fact the lingual surfaces of the left lateral and first bicuspid are exposed, the lateral to the point of being slightly loose. It has been three months since the extraction and I still have quite a depression. Patient is 33 years of age.

Also, with this depression in mind and the loosened condition of the lateral what would you suggest as a practical way of restoring this cuspid? You already have my undying gratitude.

What is wrong with cementing in inlays with synthetic porcelain when the shade would be an advantage?—R.W.M.

A.—Your very interesting letter is before me. There are also the prints of the radiograms made of your case.

It will be noted that there was not very good alveolar bone between the lateral incisor and the first bicuspid be-

fore the impacted cuspid was removed. Since the removal of the cuspid there is naturally less bone, but I believe there will be some regeneration yet. You probably have a pretty good labial and lingual plate over the lateral incisor and very good buccal and lingual plate over the first bicuspid. So unless these teeth are very loose it seems to me that it would be wise to make a fixed bridge carrying the cuspid tooth. This will help to stabilize the bicuspid and lateral incisor. If in your opinion the lateral incisor does not have enough bony support it would then be wise to extract it and extend the bridge from the bicuspid to the central incisor.

We cement all porcelain inlays with silicate cement. We can see no advantage in setting gold inlays with silicate cement because the silicate being translucent will not change the color of the gold through the enamel. In fact it is my belief that the shade or color condition would be much better in the case of a gold inlay if it were set with an oxyphosphate of zinc cement as nearly the color of the tooth as you can find.—G. R. WARNER.

Extraction During Menstruation

Q.—Answer through ORAL HYGIENE or direct to me: Is the extraction of a tooth contraindicated during menstruation in a female and why?

Are the removal of tonsils contraindicated during menstruation in a female?—N.R.

A.—So far as the patient's welfare is concerned, I can see no reason why the extraction of a tooth during menstruation is contraindicated. Women are usually rather nervous at this time and of course many of them suffer a great deal of pain; for these two reasons extraction is contraindicated. But if the pain of the tooth or the necessity for extraction is so great that it overshadows the condition of menstruation, I see no reason why the extraction should not be carried out.

The same thing is true of a tonsillectomy, except that a tonsillectomy may be a more serious operation or at least the after-effects may be more serious. Therefore there would be less warrant for doing this operation unless general systemic conditions are altogether favorable.—G. R. WARNER.

Tic Douloureux

Q.—A patient of mine has developed symptoms which resemble those of a "tic" although I am not positive. She is very apprehensive about it, believing that it may lead to a paralysis of that side of the face.

At the beginning she noticed a tingling or jerking of the right cheek—although there has really been no muscular jerking. This symptom was of short duration, and came at the start of the acting of eating. Later,

as the symptoms became more severe, the first act of chewing elicited a severe pain of very short duration, but no more during the meal.

At the present time these severe "shots" hit her during her sleep as well as during the daytime—possibly two or three times a night. These pains are so severe as to start a scream which never evolves because of the shortness of duration of pain. She also has it at times other than meal times.

The second molar has a decayed area on the posterior approximal surface. The dentine was very sensitive to grinding, the cavity being prepared under novocain.

She says that she has started the pain at times by working that second molar, though at other times nothing happens.

I am anxious to get advice on this case and will be grateful for any help you can give me.—J.H.S.

A.—The case presented in your letter certainly does present symptoms of tic douloureux. While it is possible for the teeth to be the cause of such a case, a good many men believe that it is not surgical, does not originate in the teeth and that the removal of teeth has no beneficial effect. However, it is always our plan to clear up all mouth conditions and it would therefore be wise to consider very carefully each tooth on this side of the face, both mandibular and maxillary. I notice that the filling in the first molar, as shown in the radiogram enclosed in your letter, is quite close to the pulp. It would be wise to test this tooth out and see if it is hypo or hypersensitive. There is also some evidence of decay under the filling in the first bicuspid. The decay in the second molar doesn't seem to approach too close to the pulp, however you know better about that because of having worked on it.

An impacted mandibular third molar on this side might be a cause.

We trust that this will not prove to be a real case of "tic."—G. R. WARNER.

Extractions in Diabetic Case

Q.—Do you recommend any special treatment for the care of a diabetic patient's teeth? I have a male patient about twenty-seven years of age who has been on insulin for about three years; his teeth upon x-ray examination show absorption of the alveolus, particularly in the molar regions. Occasionally there is a puffing up of the gum tissue, buccally of the lower left first molar, no pain nor appearance of pus. Is this condition due to excess sugar and can it be corrected best by checkup and strict attention to diet? Should molar be extracted as soon as patient reduces the amount of sugar present in urine?—E.J.J.

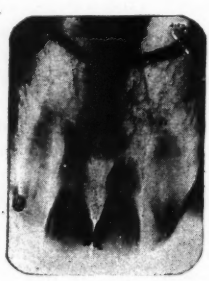
A.—If your patient has been

on insulin for three years he shouldn't have an excess of sugar in his urine, in his blood and his mouth should show no effect of a diabetes. In other words he should be under control. Therefore there is no reason why you shouldn't extract, if extraction is indicated, and no reason why you shouldn't treat the mouth as you would for any other patient.

Radiograph all the teeth, treat the pyorrhea, if present, and extract if indicated.—G. R. WARNER.

Root Resorption

Q.—I have been interested in ORAL HYGIENE since I completed my college days at Temple U. in June, 1928, and am taking this privilege of calling on you for help.



It is in regard to the upper right central incisor in the picture enclosed. The patient from whom the picture was taken is a woman, age about 35; she told me that four years ago she bit on a hard piece of candy and caused a severe pain in the right central which lasted for three days; she has had no serious pain in the tooth since that time but it seems to be sore for a short time or several hours. The soreness is noticed about every three weeks; there never has been any swelling and the tooth is not discolored. The patient does not remember of having struck the tooth when she was young causing the arrest in development in the root.

I would be very thankful if you could advise me whether to open and treat the tooth or leave it as it is. I should also like to know what caused the loss or failure of the apex to form.—J.H.B.

A.—The case which you submit in your letter with accompanying radiogram is probably a case of root resorption.

Root resorption is very common in cases which have had orthodontic treatment, but may occur in any tooth which has had any form of irritation.

It seems possible and even plausible to me that in your case the irritation or injury was originated at the time the patient bit on the hard candy, and that osteoelastic action was started at that time, has continued up to the present time and probably is still continuing. It would not only be interesting but important to make vitality tests of this tooth. I would be much obliged to you if you would make the vitality tests

and send me the report. I should like to know the outcome.—G. R. WARNER.

Denture For Protruding Mandible

Q.—Case—Full upper denture: male patient, 56; in good health. Has full complement of lower teeth with the exception of left first and second molars.

Flabby tissue all around, excessive flabby tissue around frenum.

Have made denture and it has perfect retention and never drops except while eating.

Lower jaw is protruded and a third larger than upper. Have set teeth lingually to the lower molars. The anteriors come end-to-end.

After inserting denture he can move it from side to side without dropping it.

Please give me solution whereby the denture will not drop while masticating.—E.S. H.

A.—Does the end to end set up of the anterior teeth provide a slight lingual inclination? If not, it would be well to have them do so.

Other than this suggestion, I am inclined to think from your description of the case that you have done all that can be done toward providing a proper fit of this denture. If this is true, all that is left for you to do is to convince the patient that this is true and instruct him regarding the method in which to use the denture so as to secure the maximum stabilization possible in this particular mouth.

Have him learn to chew with the food divided as nearly as possible with an equal portion on both sides of the mouth at the same time. The missing first and second molars on the left should be restored, and if the anterior teeth are used at all for biting or incising an upward and backward stabilizing pressure should be maintained with the morsel of food that is being incised.—V. C. SMEDLEY.

As I Think It Over

THE high spot at the Denver meeting was the speech of our old friend, Dr. Frank O. Hetrick at the military banquet. I have heard and admired "Old Spot's" wit upon many occasions and it seems to me that as the years go by he gets better and better.

—*R.P.M.*

"Dear Oral Hygiene—"

"I do not agree with anything you say, but I will fight to the death for your right to say it."—*Voltaire*

Alumni, N. Y. U., C. D.

The Alumni Association of New York University College of Dentistry, a component of the New York University Alumni Federation, extends a cordial invitation of membership to all graduates of the New York College of Dentistry and the New York University College of Dentistry. Graduates are advised to communicate with their class delegates or Benj. A. Ross, Executive Secretary, 100 Washington Square East, New York City.—SIMON SHAPIRO, *President;* SAMUEL CHARLES MILLER, *Secretary.*

We Have Always Felt That Way

Dr. S. C. Herrick objects to the cartoons of Don Herold on the ground that they are something which he would not want his patients to see. Personally, I fail to see humor in some of these cartoons myself, but the point on which I take issue with Dr. Herrick is his letting patients read a magazine which is for the dental profession only.

I believe the profession has no secrets to hide, and I consider ORAL HYGIENE a splendid magazine, yet I believe it is for the dentist only and quite out of place on the table of a reception room.—J. E. ABBOTT, D.D.S., *Pulaski, N. Y.*

His Alma Mater

I was very much interested in seeing the cut of the old Philadelphia College of Dental Surgery in the August issue.*

While this building was used as stated in 1866, it was identical in 1887, when it was abandoned and moved to Eighteenth and Cherry, now Temple University.

I graduated the first year in the latter location in 1888. James E. Garretson was dean at that time and J. Foster Flagg was the leading light on the faculty.

The entrance to the old building was on the side, where the steps with the iron railing shows. The first floor was occupied by a drug store and next

*August, 1930, ORAL HYGIENE, p. 1740.

door was the old Arch Street Theater.

The lecture room, a dark, dismal room, occupied the five windows on the second floor. The operating room occupied the whole third floor and the laboratory the fourth floor.

There were two rows of chairs in the operating clinic, facing windows on the side shown and the opposite side.

The dissecting room occupied the third floor front.

In 117 it was known as "The Philadelphia Dental College," not the Philadelphia College of Dental Surgery.—C. F. RODGERS, D.D.S., *Conneaut, Ohio.*

On Panel Dentistry

You have my thanks and encouragement on your successful undertaking in bringing the subject of Panel Dentistry before the dental profession. Greater luck and power to you. —A. L. GREENBERG, D.D.S., *St. Paul, Minn.*

State Boards Again

More strength to your good right arm in the state board bunk. In our State, possession of a pint of gin is felony and people have been sentenced to prison for life for that very thing.

Why, as you say, punish dentists more than other people?—F. A. GRAHAM, *Harbor Springs, Mich.*

Taking Exception to Dr. Carshore's Letter

I am taking exception to Dr. W. P. Carshore's letter, under caption "Pyorrhea Will Get You," in the July issue of ORAL HYGIENE, page 1492. Would advise the doctor to take a post graduate course on the subject or read up on it.

It is not a condition of old age, premature or otherwise. My father started to lose his teeth from pyorrhea at the age of forty-two. He came west and I treated the teeth that were not beyond hope, and he died at the age of seventy-three with the teeth in good condition. This is just one case in many. I could cite a great many that have been successful. — F. A. VOGE, D.D.S., *Bandon, Ore.*

Everyone Loved Hart Goslee

I am replying to your sincere sentiments to my dear old chum and classmate, Hart Goslee. I had recently written Hart, hoping that we might see each other at Denver. Of course I well knew his bad physical condition. He never complained in his letters to me that he was suffering. I fancy he was bright and alert to the last.

A real dentist, of exceptional ability, both mind and hand. I am sure his passing will be sadly felt in all circles that enjoyed his companionship and brilliant accomplishments.

Again my appreciation for your dear sentiments for our

departed mutual friend. I only wished that we might have met once more, even for the last time at Denver.—W. F. LAWRENZ, D.D.S., *Long Beach, Calif.*

School Examinations

In your interesting extracts under the heading "Tempus Fugit," in the July number, Dr. Wilcox reported in 1912 that "he had advocated and put into effect the inspection of school children's mouths some twenty-six years ago." That would put his inspection back to 1886. Well, I can go him some better. I inspected and tabulated the condition of the teeth of school children in Lebanon, Ill., and Grand Forks, Dakota Territory, in 1882, and reported them to the Illinois State Dental Society, which published the statistics in its Transactions of 1883. So far as I know that was the first work of that kind in the history of dentistry, and I happen to know that it was the first.—LOUIS OTTOFY, D.D.S., *Oakland, Calif.*

The New President of U. of California

In your editorial "A New Trend in Education,"* you state that "the University of California has elected a railway president—"

I am enclosing a clipping from *California Monthly* relative to the new president. You no doubt referred in your editorial to A. B. Sproul who was president of the Southern Pacific a short time back—ERNEST M. SETZER, D.D.S., *Oakland, Calif.*

Dr. Robert G. Sproul '13, not only is a Californian we should know, but one whom we do know as well as any may be known. For sixteen years he has served the University of California, and for a number of years he has been Treasurer of the Alumni Association. In 1920, after six years on the staff, he became Comptroller and Secretary of the Regents. In 1925 he was made, also, a Vice-President. His are the same kind of clear thinking and magnetic personality that distinguished Benjamin Ide Wheeler. In all his undertakings he has demonstrated that appreciation of the problems of the University which fit him eminently for the position of President which he will fill on July 1, 1930.

"The Truth Hurts"

Your article on page 1028 in the May number, "The Truth Hurts." I want to congratulate you for that article. I have been in practice for 42 years and it seems to me that dentistry has been getting away from the real thing for many years. There are hundreds of so-called D.D.S.'s that are no more fitted to practice dentistry than the ordinary man off the street and what is the reason? The one thing is the so-called "specialist"—the manufacturer who is commercializing the dental profession with all his truck that they exhibit in our dental conventions. The young man who looks upon these glittering things—thinks all he needs is to buy all

*June, 1930, ORAL HYGIENE, p. 1276.

these things and he will surely be a success, i. e., the laboratories will do the rest for him and consequently he is a failure. A dentist should be a man —a specialist in everything that calls for dentistry and then he is a dentist.—C. H. ALBRIGHT, D.D.S., *Waukegan, Ill.*

Dr. Cox Writes a Corner

Your Corner No. 107* is so witless that I thought I had better send you one that is chock-full of interest.

I like your magazine but the Corner is simply PUNK.

I'll bet you never could guess what part of the magazine I read first. Try and guess.

The other day I was talking to a dentist who on the first of the month sent out two hundred statements for services rendered. By the fifteenth just eight responded.

Why encourage the beats? There is no time to collect like when the patient is in the office. If a patient is good and can sign a check, why put him to the trouble to send a check? All that you have to do is to ask for it with about as much indifference as when you ask for a "coke" at the soda fountain. When you hem and haw and explain, and all of the tommy-rot that goes with it, the patient makes himself feel small. Why is this so? Your guess is as good as mine.

Why are dentists so afraid to ask for it? To ninety-five per cent of the dentists [RF] the way to get up the courage to ask for your fee is to practice on your wife as to what you are going to say.

As an illustration, a patient comes in and she looks pretty good, or he looks pretty good and you have that little streak in you that makes you afraid of a mere human being: forget it; there are no supermen today. Tell them what it costs and how long it takes and how much they can pay each time. For the average practice a five will not be amiss on each visit if the work amounts to twenty-five total. Suppose that you are putting in fillings and it costs twenty-five; the five at each visit is not to be laughed off by about sixty thousand of the army of D.D.S.'s.

This dental economics is the bunk. I don't need any clock to tell me when it is time to quit on this patient or how much to charge nor to have the nurse look up credit, any red lights and all the things that you pay for in these courses. Of course some dentists must be very, very dumb or they could not sell this stuff. It is really the regular rules of business that any real business man knows.

Last Sunday I was out at the beautiful summer home of a friend of mine, enjoying the sea breezes from the artificial lake. This fellow has a pretty nice set of teeth and also had a new radio. I said, "Mr. Ford, it sure is funny why these saps

* June, 1930, ORAL HYGIENE, p. 1208.

will buy these radios and your cars and yet don't want to pay more than twenty-five for a set of teeth," [I get thirty-five] and he said, "Why there should be no trouble in selling expensive teeth. You should be able to get seventy-five or a hundred from most anybody. Just think what you can do with them, you use them three times a day" and he had a better line on the selling of a set of teeth than any dentist that I ever have heard and yet he never thought of a set of teeth before in his life. You see, after all, it is nothing in the world but using your head. Silence covers up a lot of ignorance. Now if a famous man made that last statement it would register.

Today (this is quite current) I happened to see one of my "cash customers" and he was quite friendly (they don't run across the street when they don't owe you anything) he asked me the usual after-the-smash question and I said, "Not so good this week." He said that he had sold a few cars in the past week and I was quite surprised as they all seem to be rather short on cash down this way.

He said, "Well this is how they do it: all of these birds owe everybody but they buy the car in their mother's name and then they cannot attach it, etc." I guess a lot of these credit dentists will wait a long time to collect. The trouble is, when you wait three or four years the work may not last that long. (That's a good one!)

Oh yes! I almost forget this one: A dental salesman came in the other day when I had a lot of patients and having nothing else to do he gave me an earful, gee it must be tough when you have not been able to pay a dental goods bill for six months. And how about the dental dealers? It all comes back to the dentist not having a little will-power, which makes the endless chain of sufferers. Dentist, wife (you must pay the rent notwithstanding), all of the merchants, the dental dealer, the lab and the heart must be like lead on the first and second when the bills come in.

Tapping on wood.

Best regards.—GEO. E. COX, D.D.S., 1212 *Market Street, Wilmington, Delaware.*

P.S.: RF means rank and file.

Here is a good tip. Has every dentist some of the blank checks that are good anywhere? Having them the patient can give you a check on any bank and any state. I often have patients from four different states and this type of check is good to have.

Do You Understand the Einstein Theory?

In the June issue of ORAL HYGIENE, the story of Dr. Loomis being the inventor of wireless interests me. Maybe I invented the Einstein theory of relativity four years before Einstein.

Anyway I published a defini-

tion of electricity in the *Western Electrician*, dated April 28, 1900, in which I advanced such theory as I now understand the Einstein Theory of Relativity to be. Am enclosing copy published, with additions, in the *Rocky Mountain News*, about 1905. I have a copy of the original as published April 28, 1900, which is four years older than Einstein's, according to statements I read not long since.

I did not use his word "Relativity"; I simply expanded the meaning of atomic affinity.

I have always regarded the ether theory as an assumption of a greater phenomenon than that which is supposed to be explained. If ether is the vehicle for conveying force through space how does the force get from matter into the ether and back again into matter?

It may seem presumptuous for an ordinary individual to venture to discuss such a profound subject. But I believe with the Editor of the *Western Electrician*, who remarked to me, "they are all speculating and you have as much right to speculate as anybody."—OLIN S. PROCTOR, D.D.S., *Long Beach, California.*

ELECTRICITY IS FORCE

To the *Rocky Mountain News:*

I read with considerable interest a few days since in *The News* the account of Dr. Atkins' experiments in San Francisco, on a live steer, proving the origin of electricity in the brain. This experiment is of special interest to me because it substantiates in part a theory I have long entertained as to the relation of life, force and matter. This theory is roughly outlined in the following article, which was published in the *Western Electrician*, Chicago, April 28, 1900:

"ELECTRICITY DEFINED AS POLARIZED ATOMIC AFFINITY"

To the Editor of the *Western Electrician:*

From common every day observation (for its manifestations are of every day life) I am led to the conclusion that electricity is polarized atomic affinity; i. e., it is force pure and simple, in the initial or embryonic stage.

I reach this conclusion from a consideration of the following facts:

First—Electricity is produced by certain chemical reactions, due, I believe, in a greater or less degree, to the unbalanced chemical or atomic affinity of the elements.

Second—In electrolysis it produces changes opposite to those occurring to produce it.

Third—The great difference in resistance which different elements, or combination of elements, present to its transmission.

Fourth—Resistance is so immensely increased when connections are not atomic.

We know electricity is closely related to heat, which is defined as atomic vibration—not an element, but a condition or property of elements. Also that electricity and heat may be changed into each other.

It is my opinion that all phenomena of gravitation, heat, light, life and electricity, owe their initial existence to the common property of the various elements, atomic affinity, and that the peculiarities and varieties of each are due to various elements or their combinations in different conditions.

It is understood that nervous impulses and electrical impulses are quite similar, the former being substituted by the latter with interesting results. It is not believed that the muscle fibers act as motors for the current, but that the current produces, as the nervous impulse

does, the unknown chemical or physical change or both in the fiber which causes the shortening of the muscle. The essential requirements of life and the effects of various drugs tend to lead one to the conclusion that life is principally a chemico-electrolytic process, which is derived from and is dependent upon the atomic affinity of matter. But this is getting too deep. I only started out to define electricity. Though I may not have thoroughly accomplished my purpose, if I have set one post on the border I have done something.

O. S. PROCTOR.

Chicago, April 28, 1900."

I have it more clearly pictured now, for I have met many facts and experiences in the last five years which tend to substantiate the theory and clear up dark spots.

Today I regard that property of matter best known as atomic affinity as the one, only, original and absolute cause, without which the universe would be an inconceivable, unlimited chaos; there would be no distinction between matter and space. I regard this property of matter as the initial cause; everything else is effect. The very beginning of every life is dependent upon the operation of this property of matter, every chemical reaction, all the phenomena of gravitation, heat, light, life and electricity, are its manifestations. The mental operations and peculiar characteristics of different individuals are directly due to the operation of this property of matter. That is to say: What we are and what we think, is determined by the composition of our organism and the past and present influences to which it has been and is subjected. I regard the action of the elements in the brain much as those in a storage battery, which are capable of receiving electrical current or impulses at a given tension and time and then returning that energy at a different tension most any time.

It will be observed this theory eliminates the individuality ego or will power of individuals. What we do or think is the resultant of the forces acting in and on the organism of incomprehensible highly organized and complex units, which are produced and whose destinies are controlled by the operation of this force best known as atomic affinity. Where it began and where it will end I have no conception: but that it is the ruling force of the universe I am as thoroughly convinced as that I am alive.

Further, if this theory is true, it follows that many of our basic conceptions of social economy, crime and justice are wrong; but the relation of this theory to these subjects makes another chapter, and I will not take it up now.

O. S. PROCTOR,
208 Equitable Bldg., Denver.
(about 1905)

[Of course I wouldn't say that neither Dr. Einstein nor Dr. Proctor know what they are talking about but I will venture the opinion that *I* don't know what either one of them is talking about. Speculative theories are not science.

Editor ORAL HYGIENE]

If Their Teeth Won't Stay Up, Wring Their Necks

I have some new technic of adjusting, to help new teeth stay in place and sore gums to heal quickly.

One of the most pronounced cases was as follows: A male patient, about 50 years old, whose dentist had made him three plates, within three years, in an effort to get one that would stay up while he ate. The third plate fell down just like the other two.

After the first adjustment

he ate half of his dinner before they dropped. After the second adjustment, he ate his entire lunch of hot beef sandwich with his teeth still in place.

A number of cases, that could not at times eat with their artificial teeth on account of sore places on their gums, had no trouble after taking a few adjustments.

Other cases have taken an adjustment within a few hours after extraction and their dentists report an unusually rapid healing of the gums.

As a teacher of the technic of vertebral adjustments for fourteen years, I have discovered and perfected a system of adjusting the head on the atlas from any one or more of six malpositions. This new technic of adjusting the occupit frees the twelve pairs of cranial nerves.

Another branch of this new technic, cranial adjustments, is adjusting the bones of the cranium (cranial vertebrae—Gray) to relieve the contractions along the sutures, thereby enlarging the cranium to its normal size and allowing the brain room in which to function normally.

If I can co-operate with you in clearing up some of these and similar cases, I shall be glad to do so.—Dr. L. C.—*Chiropractor, Los Angeles, Cal.*

Special Notice

In the future all manuscripts and letters to the Editor should be addressed to him at the magazine's publication office, 1117 Wolfendale St., Pittsburgh, Pa.

W. Linford Smith
Founder

Oral Hygien

REA PROCTOR McGEE, D.D.S., M.D.,
Editor

Manuscripts and letters to the Editor should be sent to the Publication Office of Oral Hygiene, 1117 Wolfendale St., Pittsburgh, Pennsylvania.

Honored By His Profession

THERE seems to be no way at present by which the dental profession in America can confer signal honor upon a member of outstanding ability.

The American Bar Association recently bestowed its distinguished service medal and diploma upon the Hon. Elihu Root as the outstanding lawyer of his day, thus honoring both the legal profession and Mr. Root.

Dentists are rather economical when it comes to giving recognition for services performed.

It is true that in the days when any dental faculty could confer an honorary D.D.S. there were entirely too many degrees conferred and not for sufficient cause. Since the total abolition of honorary dental degrees, there has been practically nothing to take their places.

Of course we have now and then a society or a fund that gives a deserving medal but insofar as recognition by the dental profession is concerned, it does not exist.

It would certainly be a very good plan for the Trustees of the A.D.A. to consider the feasibility of a dental commission whose duty it would be to seek out and honor those dentists who have contributed

Editorial Comment

outstanding service in the advancement of their profession.

The first big difficulty would be to keep the politicians from having themselves garlanded.

We should have an "honor committee" composed of the noblest of our senior members—these men to be selected because they carry the respect and affection of their fellow practitioners for work well done.

Recommendations could be made before this committee and proof submitted for the placing of those so entitled in our hall of fame.

To those who have passed on, posthumous recognition could be accorded and to those yet living, a splendid feature of each national meeting should be the conferring of the A.D.A. medal and diploma.

If the recipient was unfortunately unable to attend the national meeting the ceremony could be performed at his home by a local committee delegated to do the honors.

This plan would give an incentive to greater effort in behalf of professional advance.

Just as the Victoria Cross and the Congressional Medal of Honor are great incentives to heroic effort so would this honorarium stimulate professional patriotism.

Eddie Kells and Otto U. King had some such idea in mind when they founded the F.A.C.D. but for some reason it doesn't seem to work.

It is our duty and it should be our pride to say to the world: "Here is the dentist who has given greater service than mere duty required. Here is one whose superior brain has simplified the complex, has solved the heretofore unsolvable. We are proud of him and we honor him."

Is The Course Too Long?

THE *Bulletin* of the American Medical Association says:

"A résumé of the work of the Council on Medical Education and Hospitals since its creation in 1904 was included in the report to the House of Delegates, which showed the progress registered in a quarter of a century of intensive work.

"The adoption of the continuous method of medical instruction whereby a student can complete the required four years of college education of eight or nine months each in three calendar years is being attempted in eight medical schools. Statistics heretofore presented by the Council have shown the average age of students graduating to be 26½ years—or 27½ years counting the internship—and the Council expressed the opinion that any method that can reduce this maximum age would be a move in the right direction."

This is a step in the right direction. Many of our dental educators have resented my frequent statements upon the subject of too many years being required for a dental education.

Here is a statement from the A.M.A. that bears out my contention.

The privilege of completing a four-year course, of nine months in each year, in a continuous session of three years flat is a step in the right direction.

Here at least industry and persistence, to say nothing of determination and endurance, is rewarded by a gain in time. Every year you can gain is a year of life added to what you may be allotted. Years are worth while.

As one physician remarked, when I called his attention to the clipping printed above: "Why hurry 'em through? There are more doctors in practice now than there is room for."

There is something to that too—*why not regulate*

the number of students desired at the start, instead of hit or miss? Take them as they come and depend upon a certain number starving to death.

Disability Insurance

MANY dentists are paying for insurance that promises them an income for total disability. These policies are a sort of income guarantee. They are excellent when they pay but not so good when the insurance company very carefully collects the premiums and refuses to pay the policy holder in his day of adversity. The unfortunate circumstance that seems to prevail is that the statements of the agents are of no legal value unless printed in the policy. The agreement that the policy seems to make clearly is sometimes read one way by the company and another by the insured. There is one part of every policy that never reads two ways: that is the part that explains just when *you* pay. The most important part is that portion that explains when the company pays.

There are so many serious impositions practiced upon dentists that it seems the A.D.A. would do an excellent service by creating a special committee to advise and assist members of the Association whenever a dispute arises in regard to total disability claims.

The dentist who is down and out is in no condition to maintain a suit against a wealthy insurance company to get money that is legally due him. Every technicality is invoked by some companies to avoid just payments; they always retain the premium; they frequently compel a compromise so that a considerably lower income is paid the insured than his premium justifies, sometimes payment is altogether refused upon flimsy evidence.

Along with the unacceptable pharmaceuticals we should have a column of life insurance companies that have not played square with the dentists.

400 Million

DR. T. SATOW, of Rangoon, India, was a visitor at the A. D. A. convention in Denver.

He says that there are one hundred dentists in India and four hundred million people. There is the answer to the crowd of Americans who wish the ratio between patients and dentists raised.

Four million patients for each dentist. The result is that even the few dentists there are not very busy.

After all it is not the gross number of possible patients but the actual number of real patients that counts.

If you must move, go to India.

Fishbein Slops Over Again

THE literary aspirations of the editor of *The Journal of the American Medical Association* lead him into rather strange fields for one in such a position of responsibility toward a great profession.

Dr. Fishbein's latest atrocity is called "Doctors and Specialists; A Medical Revue with a Prologue and a Good Many Scenes."

The position that this man holds as editor of *The Journal of the A. M. A.* lends authority to this book as a weapon in the hands of the enemies of organized medicine.

Collegiate Casualty

[*The publication office apologizes to the Editor for mislaying this editorial which has been in type for several months.*]

EIGHTY-FIVE years ago the second dental college in the world was founded at Cincinnati, Ohio. This school was called the Ohio College of Dental Surgery. In those days Western Ohio was the outpost of American civilization. Cincinnati was not only the great trade center but was more truly the

center of the culture of our immense trans-mountain domain.

The sons of terrestrial pioneers were becoming pioneers in medicine, surgery and dentistry. In Kentucky the first successful laparotomy was being performed upon a table in a log cabin, and in Cincinnati, a book on the practice of medicine was being written that was to be an authority for decades in Europe and America.

In keeping with the energetic strides of other sciences, the dentists under the leadership of Dr. James Taylor, ably seconded by Drs. Jesse W. Cook and Melangthen Rogers, began teaching the principles and practice of dentistry on January 21st, 1845. For many years those graduates of the old Ohio College who remained in the Ohio and Mississippi valleys, traveled about from village to village like the itinerant preachers of hell fire and damnation. As the villages became towns the dentists settled in the more desirable communities as "resident dentists."

When I was a small boy I often wondered why my father, who was a graduate of the Ohio College of Dental Surgery, was so particular to announce that he was a resident dentist; it must have been because the resident practitioners considered themselves a step higher than the itinerants, like the difference between an exodontist and an extractor in these days.

The old college erected and occupied the first building in the world that was planned exclusively for dental teaching. Famous dentists in all civilized countries have been proud to claim the Ohio College of Dental Surgery as their alma mater. Jonathan Taft and N. S. Hoff, two of the great dental teachers of all time, were graduated from this school, developed there as teachers, and then were called to Ann Arbor to help make the University of Michigan

Dental Department known everywhere that dentistry is practiced.

The passing of this grand old school is an educational tragedy. Cincinnati is naturally located to be a center for dental as well as medical education; for some unknown reason the last few years have seen more than one technical school in that city close its doors. Let us hope that the old pioneering spirit of the Ohio valley has not disappeared and that we may again acknowledge the leadership of great teachers from the city named in honor of the old warrior who returned from the noise of conflict to the quiet ways of contemplation.

A. D. A. CHALLENGES CHILD HEALTH PROGRAM

THE following resolution was passed by the Board of Trustees of the American Dental Association at the 1930 meeting in Denver:

WHEREAS, in School Health Research Monograph Number III entitled "Public Health Aspects of Dental Decay in Children," the American Child Health Association has published numerous statements that ignore past dental researches, disregard clinical observations and experience, and misrepresent current dental practice; and

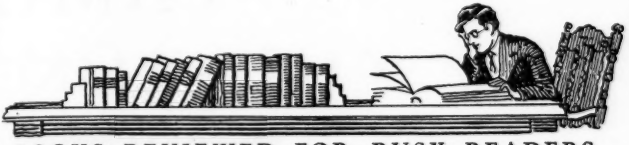
WHEREAS, some of the data, opinions, assumptions, conclusions and advice in Monograph III would, if generally accepted, soon undermine present efforts to promote oral health service for children in public schools and under other public auspices, and would also block all new efforts to advance measures for the betterment of child health by oral means; and

WHEREAS, if the unwarranted and careless statements in Monograph III were allowed to stand unchallenged and uncorrected, dentistry would be degraded in public respect and the usefulness of dentistry in public health service in general would be impaired; therefore be it

RESOLVED, that the American Dental Association cannot accept as scientific or trustworthy the assumptions and conclusions in Monograph III, for they conflict with the findings of dental researches and with clinical observations and experience that have been recorded by qualified investigators; and further be it

RESOLVED, that copies of these resolutions be sent at once to the officers of the American Child Health Association and to the Oral Hygiene Committee of Greater New York, to dental, medical and other health service journals for early publication, so that dental, medical, and lay judgment on the import of Monograph III may be suspended until a detailed statement regarding the methods, data, and conclusions in the Monograph can be published.

ORAL HYGIENE'S LIBRARY TABLE



BOOKS REVIEWED FOR BUSY READERS

*Those Teeth of Yours**

By J. MENZIES CAMPBELL, L.D.S., D.D.S., F.R.S.E.

THIS is a little book; but it is worthy of a big notice. The author calls it "a popular guide to better teeth," a very well chosen sub-title indeed! Dr. Campbell, who is known to the readers of ORAL HYGIENE by several contributions to its pages, is one of those enlightened dentists who is by no means satisfied with stopping and brushing and scraping the teeth of his patients who show decay and disease in their mouths.

He very justly looks upon oral affections as local symptoms of systemic breakdown. Having — again very justly — traced the course of bodily insufficiency to insufficient or improper eating, Dr. Campbell attacks the dental evil at its very foundation: nutrition.

We do not say to the learned dental practitioner that there is much new in this book; but most of what there is in it is not only correct but also presented in an admirable manner. From the briefest of brief surveys of the history of dentistry, over a description of the teeth, the origin of caries and "pyorrhea," the dental treatment required, and the prophylactic measures to be taken to insure healthy and resistant teeth, the information given is beyond criticism.

The illustrations are splendid in their simplicity, the text lucid and not beyond the comprehension of the layman. It is a book such as every dentist should present to every one of his patients as a guide throughout life; also a book that the practitioner himself might find it convenient to absorb, were it for no other purpose than to become able to communicate information to his patients as cleverly as Dr. Campbell has done it.

The little book is hereby recommended—unqualifiedly.

—*C.W.B.*

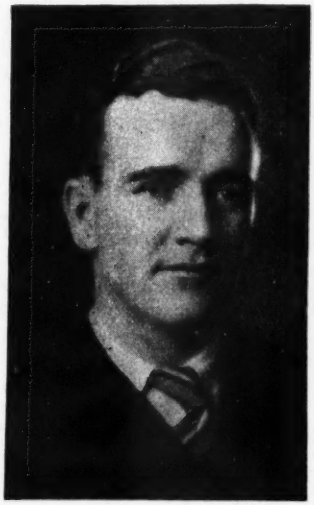
*William Heinemann, Ltd., London, 140 pp., price 3 sh. 6 d., bound. May be purchased from Chicago Book Co., Chicago, Illinois.

How a FAMIL T FINANCE DU

AN EXAMPLE of family team work was revealed recently in a report made at Purdue University. On the graduation list in June, 1929, appeared the names of two sisters, Florence and Elizabeth Risk.

This was not unusual but a study of this list with several others of the last few years, showed that the name Risk had appeared quite frequently. A little inquiry disclosed that these two sisters, Florence and Elizabeth, were the eighth and ninth members of a family of twelve children to have graduated from college. The other three are now in college, expecting to graduate within three years. It is most unusual for such a large number of children from one family to obtain college training.

This family record was made possible through the use of a "revolving fund." Of the nine Risk children now holders of sheepskins, four have them from the University of Minnesota, four from Purdue University, and one from Western State Normal School of Michigan.



Dr. Harold S. Risk

He is the fourth from the oldest in the Risk family and the third dentist.

The other three still in college are sophomores or juniors.

The revolving fund, inaugurated while the oldest members of the family were in college, is ten years old. From it all in the family may borrow, but all must also contribute until all twelve have graduated from a college or university course.

f Twelve
DUCATION

The scheme has been a success because of the willingness of each member of the family to help in the family project, even to the extent of dropping out of school for a year or two, if necessary, and helping replenish the revolving fund in case it becomes too low. However, this has not been necessary the last three or four years, or since the oldest members of the family have established themselves in their chosen careers. These older brothers now handle the revolving fund and administer it for the benefit of those who have undergraduate work to complete. Food, clothing and maintenance costs are no small item with a family of this size.

The problem of financing an education for all the children made it look impossible to the father, James A. G. Risk, station agent for a railroad at Lisbon, N. D., where he settled in the early nineties.

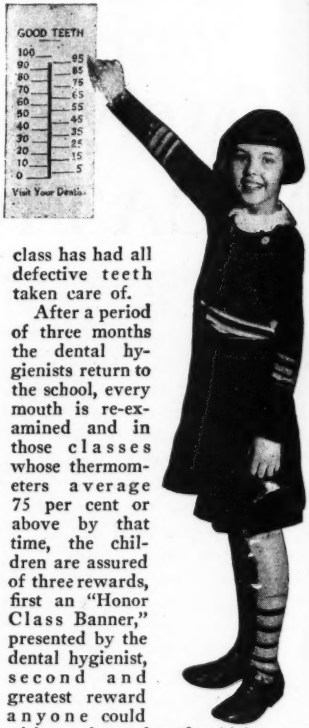
A year in a North Dakota college exhausted the money saved by the two older boys, so they went back home to work in harvest fields and elsewhere to save enough to continue their college work. However, the World War came along, and the three oldest boys were in military service. It was while in service that they realized the value of all studying and working together as men—as they had played together as boys. So after college had been resumed and first one, then another graduated, each joined in the partnership to support the others.

Three of the Risk family are dentists, Paul A. Risk, D.D.S., Luther A. Risk, D.D.S., and Harold J. Risk, D.D.S. Dr. Harold J. Risk's name is familiar to ORAL HYGIENE readers as the contributor of various articles dealing with practice-building ideas. His most widely-read article was entitled "How to Build Community Confidence," and appeared in the December, 1929 issue of this magazine. He tells us that he received letters from dentists in all parts of the country commenting upon it. Another article will appear in an early issue.

Oral Hygiene in Cincinnati Schools

By Alvina D. Brinkmeier,

Chief Dental Clinic Assistant,
Board of Education,
Cincinnati, Ohio



THERMOMETERS no longer are being used only to denote temperatures. In various Cincinnati Schools, both public and parochial where the prophylaxis clinics have been established, each class is presented with a huge thermometer which records the class average in dental care.

The thermometer is made of white cardboard, the numerals are in red, and a silk ribbon of red and white, which can easily be adjusted, marks the percentage of children having had all dental defects corrected.

The dental hygienists clean and examine the teeth of all children in the kindergarten, first, second and third grades. The upper grade children are given examinations only. An average is taken of those children who need no dental attention and those who have already visited the dentist and have had all their defects corrected. Then the thermometer is started on its upward trend.

The children who have decayed teeth are given a slip notifying the parents of the condition and recommending immediate dental service. The child is also given a pink card to be taken to the dentist and signed by him as soon as he has corrected all defects. This card is then returned to the teacher and the thermometer is raised a notch, and so on as the pink cards come in, until the 100 per cent mark is reached. This means that every child in the class has had all defective teeth taken care of.

After a period of three months the dental hygienists return to the school, every mouth is re-examined and in those classes whose thermometers average 75 per cent or above by that time, the children are assured of three rewards, first an "Honor Class Banner," presented by the dental hygienist, second and greatest reward anyone could wish, good sound teeth which means being able to chew food properly and thereby adds to good health, and third, that personal reward of being able to smile at the world with glistening white teeth that so resemble pearls, but mean more than the most expensive pearls one could buy.

About fifty schools will be reached with our present personnel; this means approximately 35,000 children will receive dental examinations and also be re-examined.

This work is under the direction of the Department of Oral Hygiene of the Board of Education and the Public Dental Service Society, an agency of the Cincinnati Community Chest.

THIS Little Reminder Booklet

The sale of this booklet makes it possible for the committee to provide free information and literature in the fight for the control of cancer.

—will help you in your Christmas shopping, and by its purchase, you will be helping others who are in direst need. The dollar you are asked to pay for it goes into the fund for fighting cancer. New York City Cancer Committee of the American Society for the control of cancer, 34 East 75th Street, New York City. Rhinelander 0435

LAFFODONTIA

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back.

Meek Voice Over the Telephone: "Doctor, this is Mr. Henpeck. My wife just dislocated her jaw. If you're out this way next week or the week after, you might drop in and see her."

A young man in a crowded car trod on the toes of an old gentleman in a seat. "I'm sorry," he said.

Old Gentleman (hand behind ear): "Eh?"

Young Man (more loudly): "I beg your pardon."

Old Gentleman: "Eh-h-h?"

Young Man (shouting): "I trod on your foot. It was an accident—an accident."

Old Gentleman (catching the last word only): "An accident? You don't say! Anybody hurt?"

The flapper had evaded his persistent proposals of marriage with soft words intended to allay the hurt of her definite and inevitable refusal. Exasperated, he turned upon her:

"In plain English, will you marry me, or no?"

"Hell, no!" she replied.

"Life is like a deck of cards," says a friend, "When you are in love it's hearts; when you become engaged, it's diamonds; when you are in bad with the wife, it's clubs; and when you die, it's spades."

Mrs. Mack: "I'm bothered with a little wart that I'd like to have removed."

Dr. Jones: "The divorce lawyer is at the second door to your left."

"Papa, what was the stone age?"

"That was the glorious period, my son, when a man axed a woman to marry him."

Wife (reading newspaper): "It says here that a girl, single handed, landed a fish weighing 145 pounds at a Long Island resort."

Hubby: "What's his name?"

"Mother," asked the little girl, "is it true that all fairy stories start with 'once upon a time'?"

"No, dear, some fairy stories start with 'I am going to lodge tonight'."

Small Mary Jane: "Mother, why hasn't papa any hair?"

Mother: "Because he thinks so much, dear."

Mary Jane: "Why have you so much, mother?"

Mother: "Run along and play now!"

Golfer: "Well, caddie, how do you like my game?"

Caddie: "I suppose it's all right, but I still prefer golf."

He: "What made you jump out of the car last night and run home?"

She: "I was being chaste."

First Broker: "What's companionate marriage?"

Second Broker: "Interim security, no par, cumulative, free from stock liability, callable at any time."

And now we have the Scotchman who had a boil on his neck and consulted a free-lance doctor.